

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748092

FILED
Apr 25, 2008
Secretary of State

Entity Name: ALTAMONTE SPRINGS LORELEIS, INC.

Current Principal Place of Business:

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 327016211

New Principal Place of Business:

Current Mailing Address:

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 327016211

New Mailing Address:

FEI Number: 59-2307356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, MARY
325 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELLS, TINA
Address: 10105 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

Title: D () Delete
Name: ROSE, MARY,
Address: 325 MONTICELLO DR
City-St-Zip: ALTAMONTE SPRGS, FL 32701 US

Title: TD () Delete
Name: ANDERSON, MACKAY
Address: 8156 DIAMOND COVE CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

Title: S () Delete
Name: HENSON,CHRISTINE,
Address: 8425 GRANADA BLVD
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JAN WEIRICK,
Address: 913 AMERICAN ROSE PARKWAY
City-St-Zip: ORLANDO, FL 32825 US

Title: TD (X) Change () Addition
Name: HENSON,CHRISTINE,
Address: 8425 GRANADA BLVD
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ROSE

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date