

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000112

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: ARMA OF ORLANDO, INC.

## Current Principal Place of Business:

6501 MAGIC WAY  
BLDG 500 - RECORDS  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

PMB 321  
424 EAST CENTRAL BLVD  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAROTH, CHARLOTTE  
6501 MAGIC WAY  
BLDG 500 - RECORDS  
ORLANDO, FL 32809 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: P ( ) Delete  
Name: O'TOOLE, TIM  
Address: 1900 HOTEL PLAZA BLVD  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: V ( ) Delete  
Name: JOLINSKI, JENNY  
Address: 7464 DIRECTOR'S ROW  
City-St-Zip: ORLAND, FL 32809

Title: V ( ) Delete  
Name: FLOMERFELT, HAL  
Address: 1800 CYPRESS LAKE DRIVE, SUITE 200  
City-St-Zip: ORLANDO, FL 32802

Title: T ( ) Delete  
Name: MAROTH, CHARLOTTE  
Address: 6501 MAGIC WAY, BUILDING 500  
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete  
Name: MCELROY, VICKI  
Address: 4974 ORL TOWER ROAD  
City-St-Zip: ORLANDO, FL 328807

Title: D ( ) Delete  
Name: HUSTON, SHARON  
Address: 450 EAST SOUTH STREET, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CHARLOTTE MAROTH

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date