

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # N00000000975

1. Entity Name
THE MATRIX OF GREATER ORLANDO, INC.



Principal Place of Business
**17 SOUTH OSCEOLA AVE
SUITE 200
ORLANDO, FL 32801-2828**

Mailing Address
**17 SOUTH OSCEOLA AVE
SUITE 200
ORLANDO, FL 32801-2828**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617621

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, MICKEY
1736 BARCELONA WAY
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BLACK, ELIZABETH T
1613 ORANGEWOOD AVE.
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COHEN, ELIZABETH
982 STONEWOOD LANE
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRIFFIN, MICKEY B
1763 BARCELONA WAY
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RAFFA, JEAN
45 EASTWIND LANE
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHEEHY, LOUISE F
341 ALPINE DR.
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**U00000008477
01/20/04-80066-013 61.25**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04

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