## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000004771

Entity Name: ORLANDO VISUAL ARTISTS' LEAGUE, INC.

FILED Nov 04, 2004 Secretary of State

| Current Principal Place of Business:     | New Principal Place of Business: |
|--|----------------------------------|
| 29 S. ORANGE AVENUE<br>ORLANDO, FL 32801 |                                  |

**Current Mailing Address:** 29 S. ORANGE AVENUE

ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3660022 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, JAMES C/O DOWNTOWN ARTS DISTRICT 398 W. AMELIA STREET ORLANDO, FL 32801 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SCHAIN, STEVE
 Name:
 WEST, JULIA

 Address:
 29 S. ORANGE AVENUE
 Address:
 29 S. ORANGE AVENUE

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32801

Title: VD () Delete Title: VD (X) Change (

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: KIRK, BRIAN Name: WATKINS, LIZ

 Address:
 29 S. ORANGE AVENUE
 Address:
 29 S. ORANGE AVENUE

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32801

Title: TD ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 SCHNEIDER, RAE M
 Name:
 VALENTINE, BECKY

 Address:
 29 S. ORANGE AVENUE
 Address:
 29 S. ORANGE AVE.

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32801

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ANKARDEN, VERONICA
 Name:

 Address:
 5230 RIDGEWAY DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIA L. WEST PD 11/04/2004