

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00266

FILED  
Jan 25, 2006  
Secretary of State

**Entity Name:** ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.

**Current Principal Place of Business:**

930 WOODCOCK RD  
STE 226  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

930 WOODCOCK RD  
STE 226  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-2721141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, KAREN  
930 WOODCOCK RD STE 226  
ORLANDO, FL 32803 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: MCNICHOLAS, JACKI  
Address: 1000 REUNION WAY, STE. 300  
City-St-Zip: REUNION, FL 34747

Title: PE ( ) Delete  
Name: MURPHY, STEVE  
Address: 3401 VISTA BLVD.  
City-St-Zip: LAKE BUENA VISTA, FL 32789

Title: S ( ) Delete  
Name: SHEA, CARL  
Address: 820 IRMA AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: LURIE, JEFFERY  
Address: 3018 HUNTINGTON ST  
City-St-Zip: ORLANDO, FL 32803

Title: CD ( ) Delete  
Name: RANALDI, JOE  
Address: 890 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: CD ( ) Delete  
Name: BURKE, BOB  
Address: 100 COLONIAL CENTER PKWY, STE. 150  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MCNICHOLAS, JACKI  
Address: 1000 REUNION WAY, STE. 300  
City-St-Zip: REUNION, FL 34747

Title: PE (X) Change ( ) Addition  
Name: MURPHY, STEVE  
Address: 890 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: T (X) Change ( ) Addition  
Name: KHANLI, HAMID  
Address: P.O. BOX 940607  
City-St-Zip: MAITLAND, FL 32794

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 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: KAREN D. JONES

ED

01/25/2006

Electronic Signature of Signing Officer or Director

Date