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Jan 23, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01345

1. Corporation Name

VOITURE 202 DE LA SOCIETE DES 40 HOMMES ET 8 CHE
VAUX OF ORANGE COUNTY, FLORIDA, INC.

Principal Place of Business

2101 LEE ROAD
ORLANDO FL 32810
US

Mailing Address

6808 RAVENNA AVENUE
ORLANDO FL 32819-8474
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/09/1984

4. FEI Number

59-1157050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RICHARDSON, ANTHONY
6808 RAVENNA AVENUE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Anthony Richardson* VD *Anthony Richardson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME GALARNEAU, CHARLES
STREET ADDRESS 2825 ALSACE COURT
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ DELETE
NAME KENNEDY, OLIVER J
STREET ADDRESS 1824 36TH STREET
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE
NAME SHADER, LOUIS
STREET ADDRESS 1630 DORMONT LANE
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE
NAME RICHARDSON, ANTHONY
STREET ADDRESS 6808 RAVENNA ST.
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE
NAME EMBLETON, EVERETT D.
STREET ADDRESS 925 QUINTILIAN AVE.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Richardson* VD *Anthony Richardson*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/8/99

Date

407 352 4187

Daytime Phone #

CR2E037 (1/98)