

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90047 019 \*\*\*\*61.25

**DOCUMENT # N01345**

1. Entity Name  
**VOITURE 202 DE LA SOCIETE DES 40 HOMMES ET 8  
CHEVAUX 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**

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1157050**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARDSON, ANTHONY  
6808 RAVENNA AVENUE  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 reinstating)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **KENNEDY, OLIVER J**  
STREET ADDRESS **1824 36TH STREET**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete  
NAME **SHADER, LOUIS**  
STREET ADDRESS **1630 DORMONT LANE**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete  
NAME **RICHARDSON, ANTHONY**  
STREET ADDRESS **6808 RAVENNA ST**  
CITY-ST-ZIP **ORLANDO, FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **JONES, LEON E.**  
STREET ADDRESS **1509 ROOSEVELT AVE**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Anthony Richardson* **Anthony Richardson, Director 3/20/04 407-852-4187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #