

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005092

FILED
Jan 16, 2004
Secretary of State**Entity Name:** ORLANDO CENTRAL COMMUNITY, INC.**Current Principal Place of Business:**350 EAST JACKSON STREE
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**350 EAST JACKSON STREE
ORLANDO, FL 32801**New Mailing Address:****FEI Number:** 51-0417141**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RANDY, CLEMENTS
1753 MARSH ROAD
OVIEDO, FL 32765**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: DIR () Delete
Name: WORKMAN, SCOTT DIRECTO
Address: 1033 DEES DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: DIR () Delete
Name: MORSCH, MARK DIRECTO
Address: 7525 POINTVIEW CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

Title: VP () Delete
Name: CUMMINS, JIM
Address: 2708 RIVER RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32825 US

Title: PRES () Delete
Name: SMITH, GEORGE
Address: 9717 KILGORE ROAD
City-St-Zip: ORLANDO, FL 32836 US

Title: SEC () Delete
Name: CLEMENTS, RANDY SECRETA
Address: 1753 MARSH ROAD
City-St-Zip: OVIEDO, FL 32765 US

Title: TRES () Delete
Name: HASTINGS, DON
Address: 3940 PEACE PIPE DRIVE
City-St-Zip: ORLANDO, FL 32829 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 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: GEORGE SMITH

PRES

01/16/2004

Electronic Signature of Signing Officer or Director

Date