


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005907 1. Entity Name ORLANDO FIRE TRUST, INC.	
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Principal Place of Business 400 SOUTH ORANGE AVE. 7TH FLOOR ORANGE, FL 32801	Mailing Address 400 SOUTH ORANGE AVE. 7TH FLOOR ORANGE, FL 32801
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0746149	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLORES, MARGARITA R 400 SOUTH ORANGE AVE ORANGE, FL 32801	DO NOT WRITE IN THIS SPACE
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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

Margarita R. Flores

(NOTE: Registered Agent signature required when reinstating)

4/28/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWMAN, ROBERT A 6653 SE 57TH ROAD CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, JAMES M 3110 ALBERT STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLORES, MARGARITA 735 ALABAMA WOODS LANE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON MILLER, KATHY L 1016 LAKE SHERWOOD DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOOKHOFF, PAZ A 232 SAWYERWOOD PLACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000358672
05/04/05-80124-015 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Margarita R. Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 407 246-2379
Date Daytime Phone #