

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005907

FILED
May 04, 2009
Secretary of State

Entity Name: ORLANDO FIRE TRUST, INC.

Current Principal Place of Business:

400 SOUTH ORANGE AVE. 7TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

400 SOUTH ORANGE AVE. 7TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 01-0746149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORES, MARGARITA R
400 SOUTH ORANGE AVE
ORLANDO, FL 32801 US

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: REYNOLDS, JAMES M
Address: 3110 ALBERT STREET
City-St-Zip: ORLANDO, FL 32806

Title: VP () Delete
Name: MILLER, JOHN
Address: 715 ALBERTSON PLACE
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: FLORES, MARGARITA
Address: 735 ALABAMA WOODS LANE
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: LOOKHOFF, PAZ A
Address: 232 SAWYERWOOD PLACE
City-St-Zip: OVIEDO, FL 32765

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARGARITA FLORES

T

05/04/2009

Electronic Signature of Signing Officer or Director

Date