

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007148

1. Entity Name
ORLANDO SIXERS, INC.



Principal Place of Business

P.O. BOX 1661
WINDERMERE, FL 34786

Mailing Address

P.O. BOX 1661
WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
61-1460577

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CISNEROS, MARIA P
1715 NESTLEWOOD TR
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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, 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
CRIDER, SONYA
PO BOX 671
CLARCONA, FL 32710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROMES, JAN
PO BOX 671
CLARCONA, FL 32710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CISNEROS, MARIA
1715 NESTLEWOOD TR
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000320792
04/21/05-80052-013 61.25

**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: *Maria P. Cisneros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (407) 592-7442

Date

Daytime Phone #

Maria P. Cisneros