2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 04, 2004 8:00 am
Secretary of State
04-05-2004 90084 004 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000003955

1. Entity Name

ORLANDO COLOMBIAN LIONS CLUB INC

Principal Place of Business	Mailing Address
4717 ARROW RD ORLANDO FL 32812 US	4717 ARROW RD ORLANDO FL 32812 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4717 Arrow Rd Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32812 Country: U.S.A	Zip: 32812 Country: U.S.A

4. FEI Number: 30-0111292 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARBELAEZ, FABIO
4717 ARROW RD
ORLANDO FL 32812

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: Fabio Arbelaez President 4-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARBELAEZ, FABIO 4717 ARROW ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOPEZ, EDGAR 600 ELLSWORTH ST ALTAMONTE SPRING FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MARIN, MARIO 5996 BENT PINE DR 3110 ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pablo Sanchez TREA ☒ Change ☐ Addition 552 Creewood Dr, # Orlando, FL 32809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC LOPEZ, LUCY 3519 BONAIRE BLVD 1501 KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Fabio Arbelaez President 4-1-04 407-736-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #