

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005504

FILED
Oct 03, 2006
Secretary of State

Entity Name: ORANGE COUNTY FALCONS INCORPORATED

Current Principal Place of Business:

3309 LIPSCOMB PL.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3309 LIPSCOMB PL.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 20-0066758 **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:

SMITH, ANTHONY L SR.
3309 LIPSCOMB PL.
ORLANDO, FL 32805 US

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: ANTHONY L SMITH SR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, ANTHONY L SR.
Address: 3309 LIPSCOMB PL.
City-St-Zip: ORLANDO, FL 32805

Title: S () Delete
Name: TAYLOR, TASHEBA
Address: 3309 LIPSCOMB PL.
City-St-Zip: ORLANDO, FL 32805

Title: V () Delete
Name: PATTERSON, ANDREW
Address: 940 W. OAKRIDGE RD., APT. 25
City-St-Zip: ORLANDO, FL 32809

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: TAYLOR, TASHEBA
Address: 3309 LIPSCOMB PL.
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: BAILEY, TYRONE
Address: 1479 SUNSHADOW DR APT.203
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Change (X) Addition
Name: WALTON, CHABLIS
Address: 1479 SUNSHADOW DR. APT. 203
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Change (X) Addition
Name: DAVIS, ANDREA
Address: 1729 S. IVEY LN.
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY L SMITH SR

P

10/03/2006

Electronic Signature of Signing Officer or Director

Date