


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90058 026 *****70.00

DOCUMENT # N04000004372 1. Entity Name ORLANDO LINDY EXCHANGE, INC.					
Principal Place of Business 9313 PALM TREE DR. WINDERMERE, FL 34786			Mailing Address P. O. BOX 112 WINDERMERE, FL 34786		
2. Principal Place of Business 1960 SHADYHILL TERRACE		3. Mailing Address 1960 SHADYHILL TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State WINTER PARK, FL		4. FEI Number 04-3790669	
Zip 32792		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REQUEJO, CHRISTY 9313 PALM TREE DR. WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name AMY DAVENPORT Street Address (P.O. Box Number is Not Acceptable) 1960 SHADYHILL TERRACE City WINTER PARK FL Zip Code 32792		
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 <u><i>Amy Davenport</i></u> AMY DAVENPORT, DIRECTOR 1/13/05 <small>Signature, typed or printed name of registered agent and client applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BURKE, DAMON 1970 TANGLEWOOD DR. ORANGE CITY, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, AMY 1960 SHADYHILL TERR. WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISMONDI, ERIN 2142 COUNTRYSIDE DR. APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REQUEJO, CHRISTY 9313 PALM TREE DR. WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZZO, APRIL 134 STILLWATER DR. OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAN, AMY 3310 SPOTTED FAWN DR. ORLANDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, DAMON 1960 SHADYHILL TERRACE WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Amy Davenport</i></u> 1/13/05 (407)657-4751 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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