## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005475

Entity Name: ORLANDO .NET USER GROUP INC.

FILED Jul 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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5429 INCA ST. 1250 VINELAND PLACE

ORLANDO, FL 32807 US US LAKE MARY, FL 32746

**Current Mailing Address: New Mailing Address:** 

1250 VINELAND PLACE 5429 INCA ST. ORLANDO, FL 32807 US LAKE MARY, FL 32746 US

FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

MARTINEZ, JOEL D WEISFELD, SHAWN A **5429 INCA ST** 1250 VINELAND PLACE ORLANDO, FL 32807 US US LAKE MARY, FL 32746

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: SHAWN WEISFELD 07/05/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition MARTINEZ, JOEL D WEISFELD, SHAWN A Name: Name:

Address: 5429 INCA ST Address: 1250 VINELAND PLACE City-St-Zip: ORLANDO, FL 32807 US City-St-Zip: LAKE MARY, FL 32746 US

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: PLATT, TIM Name: STERNER, JESSICA Address: 2644 LEGACY VILLAS DR Address: 257 CROWN OAKS WAY City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: ORLANDO, FL 32779 US

Title: () Delete Title: ( ) Change (X) Addition

Name: MARTINEZ, JOEL D Name: Address: Address: **5429 INCA ST** City-St-Zip: City-St-Zip: ORLANDO, FL 32807 US

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: TAYLOR, JAMES T

4185 W. LAKE MARY BLVD. SUITE 230 Address: Address:

City-St-Zip: City-St-Zip: LAKE MARY, FL 32746 US

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: SHAWN WEISFELD Ρ 07/05/2006