2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010167

CHAPIN, ROGER

ORLANDO, FL 32804

1600 WEST IVANHOE BLVD.

Name:

Address:

City-St-Zip:

FILED Jan 26, 2009 Secretary of State

D 0 0 0 10		1000010107		ocorciary or otate		
Entity Na	me: ORLAND	O FILM FESTIVAL, INC.				
Current P	rincipal Place	of Business:	New Princi	ipal Place of Business:		
	ILLIANA ST.), FL 32806					
Current Mailing Address:			New Mailir	New Mailing Address:		
	ILLIANA ST.), FL 32806					
FEI Number	: 20-2237306	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
79 W. ILLIA ORLANDO The above	(, IV, THOMAS ANA STREET), FL 32806 named entity set of Florida.	US	ourpose of changing it	s registered office or registered agent, or both,		
SIGNATU						
	Electror	nic Signature of Registered Age	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D/V () JAFFE, BRETT 400 E. PACKW MAITLAND, FL	OOD AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D/T () WARLOW, T. F 313 COLUMBO ORLANDO, FL	CIRCLE	Title: Name: Address: City-St-Zip:	DVT (X) Change () Addition WARLOW, T. PICTON IV 313 COLUMBO CIRCLE ORLANDO, FL 32804		
Title:	D/V ()) Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: T. PICTON WARLOW IV DVT 01/26/2009