

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # N05000002386	
1. Entity Name ACROPOLIS OF ORLANDO, INC	

Principal Place of Business 1025 ELMWOOD STREET ORLANDO FL 32801 US	Mailing Address 1025 ELMWOOD STREET ORLANDO FL 32801 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 14-1966181	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BREWER, KURT FORREST ESQ. 2300 CURRY FORD ROAD ORLANDO FL 32806	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ Signature typed or printed name of registered agent on the 1st page of the	DATE _____ (NOTE: Registered Agent signature is required when re-instating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P PRIETO, SILVIA 1025 ELMWOOD STREET ORLANDO FL ORLAN-DO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000824951 02/20/08-80100-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____