## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007406

FILED Jan 05, 2011 Secretary of State

Entity Name: THE LAWRENCE J. AND DORA P CHASTANG CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:** 

CNL CENTER II 420 SOUTH ORANGE AVE STE 500

ORLANDO, FL 32801

ORLANDO, FL 32801

New Principal Place of Business:

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

CNL CENTER II 420 SOUTH ORANGE AVE STE 500

ORLANDO, FL 32801

CNL CENTER II 420 SOUTH ORANGE AVE

CNL CENTER II 420 SOUTH ORANGE AVE

STE 500

STE 500

ORLANDO, FL 32801

FEI Number: 26-0677550 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHASTANG, LAWRENCE J

CNL CENTÉR II 420 SOUTH ORANGE AVE STE 500

ORLANDO, FL 32801 US CHASTANG, LAWRENCE J CNL CENTER II 420 SOUTH ORANGE AVE STE 500

ORLANDO, FL 32801 US

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: Electronic Signature of Registered Agent

Date

01/05/2011

## **OFFICERS AND DIRECTORS:**

CHASTANG, LAWRENCE J Name:

Address: CNL CENTER II 420 SOUTH ORANGE AVE STE 500

City-St-Zip: ORLANDO, FL 32801

Title: DS

Name: CHASTANG, DORA P

Address: CNL CENTER II 420 SOUTH ORANGE AVE STE 500

City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE J. CHASTANG

DPT

01/05/2011