

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007660

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** GREATER ORLANDO BUSINESS LEADERSHIP NETWORK, INC.

**Current Principal Place of Business:**

2908 CAPITAL PARK DRIVE, SUITE A  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

JOHN MIKOLAJCZYK, DISCOVERY COVE  
7007 SEAWORLD DRIVE  
ORLANDO, FL 32821

**New Mailing Address:**

**FEI Number:** 26-0638534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, LESLIE  
2908 CAPITAL PARK DRIVE, SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERNANDEZ, MAYRA  
Address: BCBSF, 610 CRESCENT EXECUTIVE COURT, SUITE  
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete  
Name: AMENDOLA, JEANNIE  
Address: WALT DISNEY WORLD, 1375 BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32820

Title: S/T (X) Delete  
Name: MIKOLAJCZYK, JOHN  
Address: DISCOVERY COVE, 7007 SEAWORLD DRIVE  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HERNANDEZ, MAYRA  
Address: BCBSF, 610 CRESCENT EXECUTIVE COURT, SUITE  
City-St-Zip: LAKE MARY, FL 32746

Title: S/T (X) Change ( ) Addition  
Name: MIKOLAJCZYK, JOHN  
Address: DISCOVERY COVE, 7007 SEAWORLD DRIVE  
City-St-Zip: ORLANDO, FL 32821

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LESLIE WILSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AGEN

04/30/2009

\_\_\_\_\_  
Date