

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004121

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTH ORLANDO TIGERS, INC.

Current Principal Place of Business:

5115 POLARIS ST.
ORLANDO, FL 32819

New Principal Place of Business:

5115 POLARIS ST
ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 691981
ORLANDO, FL 32839

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLUE, KELVIN
5115 POLARIS ST.
ORLANDO, FL 32819 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: PD () Delete
Name: CLUE, KELVIN
Address: 5115 POLARIS ST.
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: REYNOLDS, ANTIONNE
Address: 5126 POLARIS ST.
City-St-Zip: ORLANDO, FL 32819

Title: SC () Delete
Name: ADAMS, CHARMAINE
Address: 6418 CHERRY GROVE CIR.
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: LEWIS, BELINDA
Address: 50005 URACUS ST.
City-St-Zip: ORLANDO, FL 32837

Title: S () Delete
Name: CLUE, NIKKIYA
Address: 5115 POLARIS ST.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KING, TAMMY
Address: 5115 POLARIS ST
City-St-Zip: ORLANDO, FL 32819

Title: SC (X) Change () Addition
Name: DANIELS, LATRENDIA
Address: 5115 POLARIS ST
City-St-Zip: ORLANDO, FL 32819

Title: TD (X) Change () Addition
Name: WILLIAMS, KISHA
Address: 6910 RAVENNA AVE
City-St-Zip: ORLANDO, FL 32819

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: KISHA WILLIAMS

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date