

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010513

FILED  
Jul 11, 2009  
Secretary of State

Entity Name: NAHN ORLANDO CHAPTER, INC.

**Current Principal Place of Business:**

2408 HURON CIRCLE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2408 HURON CIRCLE  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 26-2067079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WRIGHT, AMELIA  
2408 HURON CIRCLE  
KISSIMMEE, FL 34746      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WRIGHT, AMELIA  
Address: 2408 HURON CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: V ( ) Delete  
Name: BURGOS, LAILA  
Address: 2749 PORT CHESTER COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete  
Name: COLON, SARA  
Address: 2054 CYPRESS BAY BLVD  
City-St-Zip: KISSIMMEE, FL 34743

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

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

Title: V (X) Change ( ) Addition  
Name: BURGOS, LAILA  
Address: 2749 PORTCHESTER COURT  
City-St-Zip: KISSIMMEE, FL 34744

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: LAILA BURGOS

VP

07/11/2009

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

\_\_\_\_\_  
Date