

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002267

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** FLORIDA ORGANIZATION FOR RELATIONAL STUDIES, INC.

**Current Principal Place of Business:**

1850 LEE ROAD, #103-A  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

631 N. HYER AVENUE  
ORLANDO, FL 32803 FL

**New Mailing Address:**

1601 PARK CENTER DRIVE #12  
ORLANDO, FL 32835 FL

**FEI Number:** 26-4400599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATVIG, RENEE M  
631 N. HYER AVENUE  
ORLANDO, FL 32803 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:** TREA  
**Name:** TOM, HASSELWOOD  
**Address:** 1601 PARK CENTER DRIVE#12  
**City-St-Zip:** ORLANDO, FL 32835 US

**Title:** P  
**Name:** NATVIG, RENEE  
**Address:** 631 N. HYER  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** PSTP  
**Name:** BAKER, DAVID  
**Address:** 617 SOUTH PHELPS AVENUE  
**City-St-Zip:** WINTER PARK, FL 32789 US

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:** TOM HASSELWOOD

TRES

01/06/2011

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

\_\_\_\_\_  
Date