

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N12563

1. Entity Name
**HOLDEN AVENUE INTER-NEIGHBORHOOD COUNCIL,
INC.**



Principal Place of Business
**P.O. BOX 568412
ORLANDO, FL 32856-8412 US**

Mailing Address
**P.O. BOX 568412
ORLANDO, FL 32856-8412 US**



04282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2661919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DITTMER, WOHLUST & WILK
230 LOOKOUT PLACE
MAITLAND, FL 32794**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WORTHEN, JAMES
4655 CASA GRANDE COURT
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CLICK, DORIS
228 DOOLITTLE STREET
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SHINDOLL, FLORALEE
4601 JUDY CT.
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000760279
05/25/07-80005-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Click* **DORIS CLICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07 **407 855-5877**

Date

Daytime Phone #