FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-16-96 (407)880-1836

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DOCUMENT #

Principal Place of Business

N13617

(8)

Mailing Address

THFF	BIBI F	CHAPFI	ΩF	GREATER	ORLANDO.	INC.
11166		VIIN LL	v	MILTILII	OHILITATION:	1110.

SIGNATURE: ALAN BRANDEL SIGNATURE AND TYPED OR PRINT

829 VOTAW I APOPKA FL S		829 VOTAW ROAD APOPKA FL 32703									
						Date incorporated or Qualified 01/23/1986		e of Last 05/01/1			
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For		
21	E - L	26				NOT APPLICABLE			Not Applicable		
Suite, Apt. #	·	Suite, Apt. #, etc.				5. Certificate of Status Desired	5. Certificate of Status Desired Section Sec				
City & State		Oity & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for inte	angible tay	under s.	199.032,		
24	25 9. Name and Address of Current	29 Pagistored Agent	30			<u> </u>	Yes 🔀				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	istered A	gent			
CLADVE	DAVMOND			"	Name						
CLARKE, RAYMOND 301 MANTIS LOOP				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)					
	A FL 32703			83							
AFOFNA	116 32703			~							
				84	City		FL	1 - 1	Code		
Oi registelt	to the provisions of Sections 617,0502 and agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorze	s, the abo d by the c	ve-n xorpo	named corp pration's bo	coration submits this statement for the purpo oard of directors. I hereby accept the appoin	se of char tment as r	nging its r egistered	egistered office agent. I am		
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E: Registered	Agent	l signatura recu	ulred when reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12		
TITLE	DP	DELETE	1.1 Til	TLE) Change	☐ Addition		
NAME	Brandel, Alan T.		1.2 NA	ME							
STREET ADDRESS	829 VOTAW RD		1.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	APOPKA FL		1.4 Ci	TY-S1	1-7IP						
TITLE	D	☐ DELETE	2.1 10	TLE				Change	☐ Addition		
NAME	Brandel, Janet A.		2.2 NA	ME	-						
STREET ADDRESS	829 VOTAW RD		2.3 ST	REET.	ADDRESS						
CrTY-ST-ZIP	APOPKA FL		2. 4 C	ITY-S	T-ZIP						
TITLE	DV	DELETE	3.1 TIT	[LE		··· - · · · · · · · · · · · · · · · · ·		Change	Addition Addition		
NAME	CLARKE, RAYMOND		3.2 NA	ME							
STREET ADDRESS	301 MANTIS LOOP		3.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	APOPKA FL		3.4. C	ITY-S	T-ZIP						
TITLE		□DELETE	4.1 T(1] Change	Addition		
NAME			4. 2 N								
STREE1 ADDRESS			4.3 ST	REET	ADDRESS						
DTY-ST-ZiP		Portexe	4.4 CI		T- ZIP	, , , , , , , , , , , , , , , , , , ,		-			
TITLE		DELETE	5.1 TIT		1] Change	Addition		
NAME			5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE	5.4 CI		- ZIP			10-			
NAME			6 1 TIT				L] Change	☐ Addition		
			6 2 NA								
STREET ADDRESS					ADDRESS						
CITY-S1-ZIP	v certify that the information supplied w	ith this filing is voluntarily furnic	64 CI	1Y-\$1	-ZIP	y for the exemption stated in Section 119.07	(9)(Id) F) = 1	do 01-1 ·	16 met		
oath: that I	THE INTORNALION MORCZIAO ON THIS ANNUA	ation or the receiver or trustee	ai report is empower	2 Tr. 11	0 000 000	y for the exemption stated in Section 119.07 urate and that my signature shall have the sa this report as required by Chapter 617, Flork	ma laast a	***************************************			