

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90083 034 ****61.25

DOCUMENT # N17645					
1. Entity Name FUN WORLD CLOWN ALLEY, INC.					
Principal Place of Business REFORMATION LUTHERAN CHURCH 800 MICHIGAN AVENUE ORLANDO FL 32806		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Blaine Henry</i> 8708 Black Creek Blvd Orlando, FL 32829 </div>			
2. Principal Place of Business REFORMATION LUTHERAN CHURCH 800 MICHIGAN AVENUE ORLANDO FL 32806		3. Mailing Address 8708 Black Creek Blvd Orlando, FL 32829			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
		32829		ORANGE	
4. FEI Number 59-2764173				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUDREY, RICCI 122 FAULKNER ST WINTER GARDEN FL 34787			7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Blaine Henry</i> 8708 Black Creek Blvd Orlando, FL 32829 </div>		
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.			DATE		
SIGNATURE <i>Blaine Henry</i> Blaine HENRY			2/24/05		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY, ELLA 11558 KENLEY DRIVE ORLANDO FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID Raizor 2548 Tryon Place Windermere, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALES, MARY KAY 2308 HAYWOOD COURT #100 MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RICCI, AUDREY 122 FAULKER ST WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ricci Audrey 122 Faulker St Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Blaine Henry 8708 Black Creek Blvd Orlando Fla 32829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Blaine Henry</i> Blaine HENRY 2-24-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone					

40026367



1st MOORE CR2E037 (10/04)

Zip Code

☐ Change ☐ Addition

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