

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

FILED

02 DEC 18 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23783
1. Entity Name
ORLANDO CARNIVAL ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**1001 SANTA ANITA STREET
ORLANDO FLORIDA
32808 U.S.A.**

3. Mailing Address
**P.O. BOX 680945
ORLANDO FLORIDA
32868-0945 U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2776939

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SHIRLANE HENDRICKSON - THOMAS

Street Address (P.O. Box Number is Not Acceptable)
1320 TALL MAPLE LOOP

City **OVIEDO** FL Zip Code **32765**

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.

SIGNATURE *Shirlane H. Thomas* **SHIRLANE HENDRICKSON - THOMAS (PRESIDENT)** 10/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHIRLANE HENDRICKSON - THOMAS 1320 TALL MAPLE LOOP OVIEDO FLORIDA 32765 "D"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600008663216 10/29/02--01060--010 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT LLOYD HERBERT 612 RIVER WOODS CIRCLE ORLANDO FLORIDA 32825 "D"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALLAN HARRIS 1001 SANTA ANITA STREET ORLANDO FLORIDA 32808 "D"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MAUREEN BRIZAN 4732 BEACON HILL STREET ORLANDO FLORIDA 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUBLIC RELATIONS OFFICER RICHARD YATES 1405 PINE LAKE RD. ORLANDO FLORIDA 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY MERVYN JOHNSON 1828 COLUMBINE DR. ORLANDO FLORIDA 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirlane Hendrickson - Thomas* **SHIRLANE H. THOMAS** 10/22/02 407 620 0182 407 971 6922

CR2E037B (12/01)