


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90015 007 ****71.00

DOCUMENT # N23783

1. Entity Name
ORLANDO CARNIVAL ASSOCIATION, INC.



Principal Place of Business
**1001 SANTA ANITA DR.
 ORLANDO, FL 32808 US**

Mailing Address
**P.O. BOX 680945
 ORLANDO, FL 32868-0945**

50064744



2. Principal Place of Business
1828 Columbine Dr

3. Mailing Address
 Suite, Apt. #, etc.

08292005 Chg-NP CR2E037 (10/03)

City & State
Orlando, FL

City & State
 Suite, Apt. #, etc.

Zip
32818

Country
USA

4. FEI Number
59-2776939

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HARRIS, ALLAN
 1001 SANTA ANITA DR.
 ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name
Gloria M. Chandler

Street Address (P.O. Box Number is Not Acceptable)
1828 Columbine Dr.

City
Orlando

FL Zip Code
32818

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 *Gloria M. Chandler (Gloria M. Chandler)* DATE 8/29/05

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

**Filing Fee is \$61.25
 Due by September 7, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, ALLAN 1001 SANTA ANITA DR. ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALI, KATHLEEN 936 FRESHMEADOW COURT APOPKA, FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, RICHARD 1405 PINE LAKE ROAD ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANDLER, GLORIA 1828 COLUMBINE DR. ORLANDO, FL 32818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRM FRANCOIS, CARLOS 1208 WEEPING WILLOW DR. DELAND, FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRIZAN, MAUREEN 4732 BEACON STREET ORLANDO, FL 32808 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard Yates 1405 Pine Lake Road Orlando, FL 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Merryn R. Johnson 1828 Columbine Dr Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations Officer Carl Mahadeo 3215 Castle Oak Avenue Orlando, FL 32808 <input checked="" 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: *Gloria M. Chandler (Gloria M. Chandler)* DATE 8/29/05 DAYTIME PHONE # 407-646-2354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR