

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27735

FILED
Aug 30, 2005
Secretary of State

Entity Name: AMERICAN INSTITUTE OF GRAPHIC ARTS, ORLANDO CHAPTER, INC.

Current Principal Place of Business:

P.O. BOX 2505
ORLANDO, FL 328022505

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2505
ORLANDO, FL 328022505

New Mailing Address:

FEI Number: 90-0058273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, JENISE O
109 #3 S OSCEOLA AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HOPE, THOMAS L
400 WESTMINSTER ST
ORLANDO, FL 32803 US

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: THOMAS L HOPE

08/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BRANDT, RYAN
Address: 823 LONGLEAF PINE CT.
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: GUZMAN, BELLA
Address: 1758 BOXENEY CT.
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: FOXBURY, KIM
Address: 610 W. STETSON ST.
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: OBERWETTER, JENISE
Address: 4038 PINYOU DR
City-St-Zip: ORLANDO, FL 32926

Title: D () Delete
Name: MINNICH, BRIAN
Address: 172 W. SABAL PALM PL
City-St-Zip: ORLANDO, FL 32779

Title: VP () Delete
Name: SCOTT, THOMAS
Address: 3300 RENLEE PLACE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOPE, THOMAS
Address: 400 WESTMINSTER ST
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change () Addition
Name: JACOBS, SHANNON
Address: PO BOX 2505
City-St-Zip: ORLANDO, FL 328022500

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L HOPE

P

08/30/2005

Electronic Signature of Signing Officer or Director

Date