


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90010 012 \*\*\*\*70.00

**DOCUMENT # N27735**

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



Principal Place of Business  
 P.O. BOX 2505  
 ORLANDO, FL 32802-2505

Mailing Address  
 P.O. BOX 2505  
 ORLANDO, FL 32802-2505



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country

02052006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Paula Angel

Street Address (P.O. Box Number is Not Acceptable)  
3331 Benson Park Blvd

City Orlando FL Zip Code 32829

4. FEI Number  
**90-0058273**

Applied For  
 Not Applicable

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

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 Paula Angel (Treasurer) Paula Angel 02-04-06

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

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 HOPE, THOMAS 400 WESTMINSTER ST ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBS, SHANNON PO BOX 2505 ORLANDO, FL 328022500 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXSBURY, KIM 610 W. STETSON ST. ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBERWETTER, JENISE 4038 PINYOU DR ORLANDO, FL 32926 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNICH, BRIAN 172 W. SABAL PALM PL ORLANDO, FL 32779 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, THOMAS 3300 RENLEE PLACE ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Matz, Jeff 1009 Virginia Drive Orlando, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Paula Angel & Paula 3331 Benson Park Blvd Orlando, FL 32829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Oberwetter, Jenise 9924 Cypress King Dr. Orlando, FL 32827 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Hutton, Amanda 17932 Ibis Landing Way Orlando, FL 32820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Membership Chair Gay, Will 12557 Langstaff Dr. Windermer, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations Chair Shannon, Jacobs 226 Frierson Way Sanford, FL 32773 <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 exemptions contained in Chapter 119, 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: Paula Angel Paula Angel 02-04-06 (407) 227-9239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #