## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N39591

SIGNATURE: .

1. Entity Name VARIETY CLUB OF ORLANDO, INC.



## **FILED** Jul 18, 2005 8:00 am Secretary of State 07-18-2005 90043 033 \*\*\*\*61.25

Principal Place of Business 3905 EL REY ROAD ORLANDO, FL 32808-7917 US		390	Mailing Address 3905 EL REY ROAD ORLANDO, FL 32808-7917 US					500556	
	Place of Business		illing Address		25.10				
Suite, Apt.	ST CONCORD STR . #, etc.	<del></del>	Uite, Apt. #, etc.	<u> 130×</u>	2544	07082005 CI	ng-NP CF	R2E037 (10/03)	
City & Stat	100-FLORIDA		ity & State	<u>DRIDA</u>	<del></del>	4. FEI Number 59-303027		A	oplied For ot Applicable
32801	Country		2802	Country	у	5. Certificate of St	atus Desired	\$0.7E	ditional
	6. Name and Address of	Current Register	ed Agent			7. Name and Add	ress of New Regist	ered Agent	
HARTMAN	N, DEBRA			) !	Name DON:	J. J. ACNC	RAVES		
•	REY ROAD			9	Street Address (	P.Q. Box Number is I	Not Accordable)		
SUITE 222	2 D, FL 32808			<u> </u>	120	EAST CO	MOSD S	TREET	
ONLANDO	J, 1 E 32000				Dity ~~			FL Zip Cod	e
8. The above	e named entity submits this stat	ement for the pur	pose of changing its	registered (		red agent, or both, in	the State of Florida.	<u>·-</u>	<u>ب</u>
	tions of registered agent.		2/3)	-			u,		una accepi
	2 pm	n 290	hlow	ues			7/8	3/05	
SIGNATURE	Signature, typed or printed name of regis	tereo agent are title if ap	oplicable. (NOT	E: Registered Ap	ent signature required	: when reinstating)		DATE	
D	Filing Fee is \$61.25 ue by September 7, 20	005	9. Election Cal Trust Fund (	mpaign Fina Contribution.		\$5.00 May Be Added to Fees		check payable to Department of St	
10	OFFICERS	AND DIRECTORS		11.		ADDITIONS/CHANGE	ES TO OFFICERS AF	ND DIRECTORS IN	10
TITLE	Р		Delete	TITLE	PO			☐ Change	Addition
NAME STREET ADDRESS	HARTMAN, DEBRA 3905 EL REY ROAD			NAME STREET A		SERT D.W			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-	-0	125 POX 2549 14.000 FX		ಹಿದಾ	
TITLE	SD	<u>, , ,</u>	Delete	TITLE	VP.		UE ICH CE	☐ Change	Addition
NAME	ELMORE,, CORLENE			NAME	FRA	WK ZANCE	_		
STREET ADDRESS CITY-ST-ZIP	I			STREET A	FO 1	30x 2549			
TITLE	APOPKA, FL 32703		Delete	TITLE		<del>OF.OCUL</del>	SICE ADIS	□ Change	Addition
NAME	WOODCOCK,, JANET		<b>I</b> Delete	NAME	VP.	I ENDSE O		☐ Change	Addition
STREET ADDRESS				STREET A	DDRESS PO	30x 2549			
CiTY-ST-ZIP	WINTER GARDEN, FL 3	2787		City-ST-	SIP OF	DIF OCCUP	RIDA 328	302	
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TITLE	Ť		Delete	TITLE	Ø			☐ Change	Addition
NAME	BARBER, ELLIOT			NAME	ma business	W C. DRA	MEZ		
STREET ADDRESS CITY-ST-ZIP	1912 BISCAYNE DR. ORLANDO, FL 32804		•	STREET A	10 HO	BOX 2549		<del>2</del> 02	
THE	VD		Delete	TITLE	T. D	ANDO-FL		☐ Change	Addition
NAME	ACOSTA, ROLAND			NAME	NIN	BRRAW AL	N	-	
STREET ADDRESS				STREET A			-		
!	5031 NASSAU CIRCLE				"   MO1	50x 5270			
CITY-ST-ZIP	ORLANDO, FL 32810	alled with this files	n does not outlify fo	CITY-ST-	ZIP OP	JF OCUA			formati
CITY-SI-ZIP	_			CITY-ST-	tion stated in Se	ction 119.07(3)(i), Flo	rida Statutes. I furth	er certify that the in	

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT(# N3959)					
1. Entity Name	^				
VARIÉTY CLUB OF ORLANDO, IN	<b>U</b> .				
		OD WY	A 5253 A A A	10.0000.000	
Principal Place of Business	Mailing Address		I ATTAC⊦	MENT 8	
3905 EL REY ROAD ORLANDO, FL 32808-7917 US	3905 EL REY ROAD ORLANDO, FL 32808-7917	7 18	500	15/018	
OKEANDO, FE 32800-7317 U3	OKEANDO, LE 32000-7317	, 03/		77010	
2. Principal Place of Business 120 EAST CONCORD STREET	3. Mailing Address	XX 2549			
Suite, Apt. #, etc.	Suite, Apr. #, etc.	<u> </u>	07082005 Chg-NP		
			07082005 Chg-NP	CR2E037 (10/03)	
City & State	City & State  ORLANDO: FLOR	anda	4. FEI Number 59-3030272	<del> </del>	pplied For
ORLANDO: FLORIDA  Zip Country	<u> </u>	Country	39-3030272		ot Applicable
32801 USA		USA	5. Certificate of Status Desire	ed   \$8.75 Add Fee Require	
6. Name and Address of Currer	nt Registered Agent		7. Name and Address of Ne	w Registered Agent	
HARTMAN, DEBRA			JUAN L. DRAVE		
3905 EL REY BOAD		Street Address (	P.O. Box Number is Not Accep	table) STREET	
SUITE 222 ORLANDO, FL 32808		, , 20	<u> </u>	O GIRCOI	
ORLANDO, PE 32806		City		- Zio Coul	
		OST OST	ANTO	FL Zip SSS	108
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	for the purpose of changing its regis	stered office or registe	red agent, or both, in the State of	of Florida. I am familiar with,	and accept
the obligations of registered agent.	(M/6)			7/-/-	
( Smaa)	X XX MINER	/	7	78/12	
SIGNATURE	1 - 1 - 1 - 1			7 5/60	
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, Regi	isterea Agent signature recured	d when reinstating)	DATE	
Signature, typed or printed name of registered age	ent and title if applicable. (NOTE. Regi	<u> </u>		DATE  Make check payable t	• · ·
		gn Financing	\$5.00 May Be		
Signature, typed or printed name of registered age	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May Be	Make check payable t	tate
Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND I	9. Election Campaig Trust Fund Contri	gn Financing ibution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFF	Make check payable t	tate
Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND I	9. Election Campaig Trust Fund Contri	gn Financing ibution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFF	Make check payable t Florida Department of SI CERS AND DIRECTORS IN	tate 10
Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND I	9. Election Campaig Trust Fund Contri	gn Financing bibution.   11.  ITILE DAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFF	Make check payable to Florida Department of Since ICERS AND DIRECTORS IN Change	tate
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND DESTRUCTION OFFICERS OF ORLANDO, FL  TITLE SD ORLANDO, FL  SIREET ADDRESS P.O. BOX 697 CITY-ST-ZIP APOPKA, FL 32703  THE VD WOODCOCK, JANET STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 32787  TITLE D WINTER GARDEN, FL 32787  TITLE D ELLIS, BILL	9. Election Campaig Trust Fund Contri Delete Delete Delete Delete	gn Financing ribution.   11.  111.  111LE	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFF  LELLIS BOX 2549 ANDO: FLORID  ANDO: FLORIDA  OFF  AN	Make check payable to Florida Department of State CERS AND DIRECTORS IN Change  A 32802  Change  Change	tate  i 10  Addition  Addition
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND DEFICERS AND DEFICE ADDRESS CITY-ST-ZIP ORLANDO, FL  TITLE SD ORLANDO, FL  TITLE SD ORLANDO, FL  TITLE SD ORLANDO, FL  TITLE VD WOODCOCK, JANET STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 32787  TITLE D D WINTER GARDEN, FL 32787  TITLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL  TITLE T BARBER, ELLLOT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804  TITLE VD ORLANDO, FL 32804	9. Election Campaig Trust Fund Contri  Delete  Delete  Delete  Delete  Delete	gn Financing ribution.  11.  111.  111LE  NAME  SIREET ADDRESS  CITY-ST-ZIP  OR  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  TITLE  TITLE  D  TITLE  D  TITLE  D  TITLE  D  TITLE  D  TITLE  TITLE  D  TITLE  TITLE  D  TITLE  TITLE  D  TITLE  TI	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFF  ADDITIONS/CHANGES TO OFF  ANDO: FLORIDA  ANDO: FLORIDA  ANDO: FLORIDA  ANDO: FLORIDA  ANDO: FLORIDA  CONTROL CONTROL  CONTROL CONTROL  CONTROL CONTROL  CONTROL CONTROL  CONTROL CONTROL  CONTROL CONTROL  CONTROL	Make check payable to Florida Department of Signature of	Addition
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I nerepy 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 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: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2005 407-422-2462

**· 2005 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # N39591)  1. Entity Name VARIETY CLUB OF ORLANDO, INC.	C.		ATT	A CIII 1 PAIS	
Principal Place of Business 3905 EL REY ROAD ORLANDO, FL 32808-7917 US	Mailing Address 3905 EL REY ROAD ORLANDO, FL 32808-79	917 US	t S.C	ACHMENT 0556/8.	
2. Principal Place of Business 120 EAST CONCORD STREET	3. Maring Address	BOX 2549			
Suite, Apt. #, etc.	Suite, Apt. #, ets		07082005 Chg-NP	CR2E037 (10/03)	
City & State ORLANDO: FLORIDA	ORLANDO: Fu		4. FEI Number 59-3030272	Applied Not App	licable
32801 USA	32802	Country	5. Certificate of Status De	Fee Required	ıJ
6. Name and Address of Currer	ur negisteren Agent	Name	7. Name and Address of		
HARTMAN, DEBRA		$ \mathcal{L} $	MARCI L ACHUK		
3905 EL REY ROAD SUITE 2 <b>2</b> 2		Street Addre	ss (P.O. Box Number is Not Acc	peptable) STREET	
ORLANDO, FL 32808					
		City O	OCIVAS	FL Zip Code	۸
8. The above named entity submits this statement	for the purpose of changing its re	egistered office or regi	stered agent, or both, in the Sta	te of Florida. I am familiar with, and a	ccept
the obligations of registered agent.				7//	
(b) sure a	Z Annua	2		118/05	
SIGNATURE	1 War				
Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registerea Agent signature rea	uired when reinstating)	DATE	_
Signature. Typed or printed name of registered age Filling Fee is \$61.25 Due by September 7, 2005	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make check payable to	- 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND E  TITLE NAME HARTMAN, DEBRA	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO	Make check payable to Florida Department of State DEFICERS AND DIRECTORS IN 10	Addition
Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND DESCRIPTION OFFICERS AND DESCRIP	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO S	Make check payable to Florida Department of State  OFFICERS AND DIRECTORS IN 10  Change	Addition
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND DETECTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	9. Election Camp Trust Fund Cor  DIRECTORS	paign Financing Intribution.   11.  11.  TITLE D MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME C C	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO THE CONTROL OF CO	Make check payable to Florida Department of State  OFFICERS AND DIRECTORS IN 10  Change A	
Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND DESCRIPTION OFFICERS AND DESCRIP	9. Election Camp Trust Fund Cor  DIRECTORS	paign Financing Intribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO THE CONTROL OF TH	Make check payable to Florida Department of State  OFFICERS AND DIRECTORS IN 10  Change  Change	
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND DETAILS SPEED ADDRESS OF LANDO, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32303	9. Election Camp Trust Fund Cor  DIRECTORS	paign Financing Intribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO THE CONTROL OF TH	Make check payable to Florida Department of State  OFFICERS AND DIRECTORS IN 10  Change MA  Change MA  Change MA  Change MA  Change MA  Change MA	
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND D  TITLE PHARTMAN, DEBRA STREET ADDRESS ORLANDO, FL  TITLE SD NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL  TITLE SD NAME STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32 X03  TITLE VD NAME WOODCOCK,, JANET STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 32787  TITLE D NAME ELLIS, BILL	9. Election Camp Trust Fund Col  Delete  Delete  Delete	paign Financing Intribution.  11.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO THE PARTY P	Make check payable to Florida Department of State  DEFICERS AND DIRECTORS IN 10  Change PA  Change PA  Change PA  Change PA	Addition Addition
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Filing Fee is \$61.25 Due by September 7, 2005  10. OFFICERS AND D  INTLE NAME STREET ADDRESS CITY-ST-ZIP HARTMAN, DEBRA 3909 EL REY ROAD ORLANDO, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP CORLENE P.O. BOX 697 APOPKA, FL 32203  TITLE VD NAME STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 32787  TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 32787  TITLE THAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL  TITLE VD NAME ACOSTA, ROLAND	9. Election Camp Trust Fund Cor  Delete  Delete  Delete  Delete	Daign Financing Intribution.  11.  111.  111.  111.  111.  NAME SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO A  LI BOREHAM BOX 2549  ERANDO FLORI  ERANDO FLORI  BOX 2549  ELANDO FLORI  ALTER P. RUBS  LANDO FLORI  LANDO FLORI  LANDO FLORI  LANDO FLORI  LANDO FLORI  LEDOX 2549  ELANDO FLORI  CHANDO FL	Make check payable to Florida Department of State  DEFICERS AND DIRECTORS IN 10  Change FA  Change PA  Change PA  Change PA  Change PA  Change PA  Change PA	Addition didition
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Intereby certify that the information supplied with this filling does not quality 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 receiver of businesse 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: Allanc. Draves 7/13/2WS 407-422-2462