


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

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90043 033 \*\*\*\*61.25

**DOCUMENT # N39591**  
 1. Entity Name  
**VARIETY CLUB OF ORLANDO, INC.**



Principal Place of Business  
**3905 EL REY ROAD**  
**ORLANDO, FL 32808-7917 US**

Mailing Address  
**3905 EL REY ROAD**  
**ORLANDO, FL 32808-7917 US**

**50055618**



2. Principal Place of Business  
**120 EAST CONCORD STREET**

3. Mailing Address  
**POST OFFICE BOX 2549**

Suite, Apt. #, etc.

07082005 Chg-NP CR2E037 (10/03)

City & State  
**ORLANDO FLORIDA**

City & State  
**ORLANDO FLORIDA**

Zip  
**32801**

Country  
**USA**

Zip  
**32802**

Country  
**USA**

4. FEI Number  
**59-3030272**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTMAN, DEBRA**  
**3905 EL REY ROAD**  
**SUITE 222**  
**ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name  
**DONNA L. DRAVES**

Street Address (P.O. Box Number is Not Acceptable)  
**120 EAST CONCORD STREET**

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

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  DATE **7/8/05**

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

**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	<b>P</b> <b>HARTMAN, DEBRA</b> <b>3905 EL REY ROAD</b> <b>ORLANDO, FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ELMORE, CORLENE</b> <b>P.O. BOX 697</b> <b>APOPKA, FL 32703</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WOODCOCK, JANET</b> <b>23 LIVE OAK RD</b> <b>WINTER GARDEN, FL 32787</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELLIS, BILL</b> <b>2224 DOE CROSSING COURT</b> <b>ORLANDO, FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BARBER, ELLIOT</b> <b>1912 BISCAYNE DR.</b> <b>ORLANDO, FL 32804</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ACOSTA, ROLAND</b> <b>5031 NASSAU CIRCLE</b> <b>ORLANDO, FL 32810</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>ROBERT D. WINTERS</b> <b>PO BOX 2549</b> <b>ORLANDO FLORIDA 32802</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>FRANK ZANCA</b> <b>PO BOX 2549</b> <b>ORLANDO FLORIDA 32802</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>TOM ENDRE</b> <b>PO BOX 2549</b> <b>ORLANDO FLORIDA 32802</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP</b> <b>ROLAND ACOSTA</b> <b>PO BOX 2549</b> <b>ORLANDO FLORIDA 32802</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUAN C. DRAVES</b> <b>PO BOX 2549</b> <b>ORLANDO FLORIDA 32802</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D</b> <b>NINA WARREN</b> <b>PO BOX 2549</b> <b>ORLANDO FLORIDA 32802</b> <input type="checkbox"/> Change <input checked="" 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:  **Allan C. Draves** DATE: **7/13/2005** PHONE: **407-422-2462**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Phone #

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N39591			
1. Entity Name VARIETY CLUB OF ORLANDO, INC.		Principal Place of Business 3905 EL REY ROAD ORLANDO, FL 32808-7917 US	
2. Principal Place of Business 120 EAST CONCORD STREET Suite, Apt. #, etc.		3. Mailing Address POST OFFICE BOX 2549 Suite, Apt. #, etc.	
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA	
Zip 32801	Country USA	Zip 32802	Country USA
6. Name and Address of Current Registered Agent HARTMAN, DEBRA 3905 EL REY ROAD SUITE 222 ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name: DONNA L. DRAVES Street Address (P.O. Box Number is Not Acceptable): 120 EAST CONCORD STREET City: ORLANDO FL Zip Code: 32801	

ATTACHMENT  
50055618



07082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3030272 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 Donna L. Draves 7/8/05  
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 September 7, 2005**

9. Election Campaign Financing  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, DEBRA 3905 EL REY ROAD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL ELLIS PO BOX 2549 ORLANDO FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELMORE,, CORLENE P.O. BOX 697 APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNA L. DRAVES PO BOX 2549 ORLANDO FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODCOCK,, JANET 23 LIVE OAK RD WINTER GARDEN, FL 32787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D NANI SADOWSKI PO BOX 2549 ORLANDO FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, BILL 2224 DOE CROSSING COURT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D MARGARET LANGFIELD PO BOX 2549 ORLANDO FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBER, ELLIOT 1912 BISCAIYNE DR. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID MCKENNA PO BOX 2549 ORLANDO FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, ROLAND 5031 NASSAU CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID BEAME PO BOX 2549 ORLANDO FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE: Allen E. Draves 7/13/2005 407-422-2462  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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3. Mailing Address  
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ORLANDO, FL 32808

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Name: DONNA L. DRAVES  
Street Address (P.O. Box Number is Not Acceptable): 120 EAST CONCORD STREET  
City: ORLANDO FL Zip Code: 32801

ATTACHMENT

50055618



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: *Donna L. Draves* DATE: 7/8/05

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELMORE, CORLENE P.O. BOX 697 APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD MELVILLE PO BOX 2549 ORLANDO, FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODCOCK, JANET 23 LIVE OAK RD WINTER GARDEN, FL 32787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER P. RUBEL PO BOX 2549 ORLANDO, FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, BILL 2224 DOE CROSSING COURT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARISSA WELCH PO BOX 2549 ORLANDO, FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBER, ELLIOT 1912 BISCAYNE DR. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINN YEMM PO BOX 2549 ORLANDO, FLORIDA 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, ROLAND 5051 NASSAU CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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