

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39591

FILED
Feb 10, 2009
Secretary of State

Entity Name: VARIETY OF ORLANDO, INC.

Current Principal Place of Business:

3315 MAGGIE BLVD
100
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

3315 MAGGIE BLVD
100
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-3030272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DRAVES, DONNA L
120 EAST CONCORD ST
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENDRE, TOM
Address: 3315 MAGGIE BLVD STE 100
City-St-Zip: ORLANDO, FL 32811 US

Title: ED () Delete
Name: SESTER, JOLIE P
Address: 3315 MAGGIE BLVD. #100
City-St-Zip: ORLANDO, FL 32811

Title: 2VPD () Delete
Name: HAHN, GRETCHEN
Address: 3315 MAGGIE BLVD STE 100
City-St-Zip: ORLANDO, FL 32811 US

Title: D () Delete
Name: DRAVES, ALLAN C
Address: 3315 MAGGIE BLVD STE 100
City-St-Zip: ORLANDO, FL 32811 US

Title: TD () Delete
Name: FURMAN, STUART
Address: 3315 MAGGIE BLVD STE 100
City-St-Zip: ORLANDO, FL 32811 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ED (X) Change () Addition
Name: SESTER, JOLIE P
Address: 3315 MAGGIE BLVD STE 100
City-St-Zip: ORLANDO, FL 32811

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: 1VPD () Change (X) Addition
Name: ARMSTRONG, BRIAN
Address: 3315 MAGGIE BLVD STE 100
City-St-Zip: ORLANDO, FL 32811 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOLIE PATRICIA SESTER

ED

02/10/2009

Electronic Signature of Signing Officer or Director

Date