

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39643** (4)

1. Corporation Name

**ORLANDO REGIONAL PRIDE INCORPORATED**

Principal Place of Business

P O DRAWER 536392  
ORLANDO FL 32853-6392

Mailing Address

P O DRAWER 536392  
ORLANDO FL 32853-6392



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
24	30

3. Date Incorporated or Qualified

**08/23/1990**

3a. Date of Last Report

**02/20/1996**

4. FEI Number

**59-3019572**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**BARBER, ELLIOTT  
639 RAMONA LANE  
SUITE 1  
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PERRIN, LEJUNE</b>	
STREET ADDRESS	<b>4808 SEYBOLD AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSE, JOHN E</b>	
STREET ADDRESS	<b>3020 PLAZA TERRACE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHEEHAN, PATTY</b>	
STREET ADDRESS	<b>1489 MELSHIRE AVE.</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBER, ELLIOT</b>	
STREET ADDRESS	<b>639 RAYMONA LN</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CURTIS, JOSEPH</b>	
STREET ADDRESS	<b>515 S PRIMROSE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PERRIN, LE JUNE</b>	
STREET ADDRESS	<b>4808 SEYBOLD AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LORI BARSTOW</b>	
1.3 STREET ADDRESS	<b>1100 E. SOUTH ST.</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32801</b>	
2.1 TITLE	<b>T V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOHN E. ROSE</b>	
2.3 STREET ADDRESS	<b>2311-C S Bumby AVE</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32806</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DEBRA FRITTS</b>	
3.3 STREET ADDRESS	<b>2272 RIVER PARK CIR # 921</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32817</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>P S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LEJUNE PERRIN</b>	
6.3 STREET ADDRESS	<b>4608 SEYBOLD AVE.</b>	
6.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32808</b>	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/97 407-896-2357**

Date

Daytime Phone # **0017019**

CR2E037 (9/96)