

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47320

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** ORLANDO CHAPTER OF S.P.E.B.S.Q.S.A. INC.

**Current Principal Place of Business:**

193 LAKE JESSUP AVE N  
OVIEDO, FL 32765

**New Principal Place of Business:**

2786 WAGON WHEEL CIRCLE  
ORLANDO, FL 32822

**Current Mailing Address:**

193 LAKE JESSUP AVE N  
OVIEDO, FL 32765

**New Mailing Address:**

2786 WAGON WHEEL CIRCLE  
ORLANDO, FL 32822

**FEI Number:** 59-2550560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NONE  
NOT APPLICABLE  
NOT APPLICABLE, FL NA 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: P  
Name: HUNSICKER, KEVIN  
Address: 2400 SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32806 US

Title: S  
Name: REED, ROBERT  
Address: 2915 LITTLE JOHN RD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: T  
Name: RAY, CHARLES  
Address: 2786 WAGON WHEEL CIRCLE  
City-St-Zip: ORLANDO, FL 32822 US

Title: D  
Name: PHILLIPS, WALTER  
Address: 1427 SILVERTHORN DR  
City-St-Zip: ORLANDO, FL 32825 US

Title: D  
Name: ELSHEIMER, SETH  
Address: 419 BALMORAL RD  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES RAY

TREA

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date