

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005386

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: ORLANDO AUXILIARY #3496, INC.

## Current Principal Place of Business:

1900 S GOLDENROD RD  
ORLANDO, FL 32822

## New Principal Place of Business:

## Current Mailing Address:

1900 S GOLDENROD RD  
ORLANDO, FL 32822

## New Mailing Address:

FEI Number: 23-7365431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALBERT, PATRICIA L  
3119 WALNUT ST.  
ORLANDO, FL 32806      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 ( ) Delete  
Name: BENNETT, DORIS  
Address: 2203 BARKSDALE DR  
City-St-Zip: ORLANDO, FL 32822

Title: TR ( ) Delete  
Name: NEELY, CHERLY  
Address: 5461-B LK. MARGARET DR.  
City-St-Zip: ORLANDO, FL 32812

Title: S ( ) Delete  
Name: WESTFALL, BARBARA  
Address: 7510 AUTUMN PINES  
City-St-Zip: ORLANDO, FL

Title: TR ( ) Delete  
Name: WATKINS, DEBBIE  
Address: 1501 TRUMAN RD  
City-St-Zip: ORLANDO, FL 32807

Title: T ( ) Delete  
Name: MARINARO, MARIE  
Address: 1027 MALAGA ST.  
City-St-Zip: ORLANDO, FL 32822

Title: TR ( ) Delete  
Name: AMOS, DEBBIE  
Address: 5309 DEXTER ST  
City-St-Zip: ORLANDO, FL 32807

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NEUMANN, RENEE  
Address: 424 LEXINGDALE  
City-St-Zip: ORLANDO, FL 32828

Title: VP (X) Change ( ) Addition  
Name: NEELY, CHERLY  
Address: 5461-B LK. MARGARET DR.  
City-St-Zip: ORLANDO, FL 32812

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

Title: TR (X) Change ( ) Addition  
Name: STEARNS, SALLY  
Address: 757 S. ORANGE AVEN #505  
City-St-Zip: ORLANDO, FL 32801

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

Title: TR (X) Change ( ) Addition  
Name: WILSON, BARBARA  
Address: 5428 E. MICHIGAN #1  
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA J. WESTFALL

S

01/05/2005

Electronic Signature of Signing Officer or Director

Date