## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005386

Entity Name: ORLANDO AUXILIARY #3496, INC.

FILED Jan 05, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1900 S GOLDENROD RD ORLANDO, FL 32822

**Current Mailing Address: New Mailing Address:** 

1900 S GOLDENROD RD ORLANDO, FL 32822

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

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

ALBERT, PATRICIA L WESTFALL, BARBARA J 3119 WALNUT ST. 7510 AUTUMN PINES DRIVE ORLANDO, FL 32806 US ORLANDO, FL 32822

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: BARBARA J WESTFALL 01/05/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition NEUMANN, RENEE NEELY, CHERYL Name: Name: 424 LEXINGDALE Address: 5461-B LAKE MARGARET DRIVE Address:

ORLANDO, FL 32828

City-St-Zip: City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete Title: (X) Change ( ) Addition

NEELY, CHERLY Name: KELEMEN, LILLIAN Name: Address: 5461-B LK. MARGARET DR. Address: 8716 PINE BARRENS DRIVE City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32817

( ) Delete Title: Title: () Change () Addition

WESTFALL, BARBARA Name: Name: 7510 AUTUMN PINES Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip:

(X) Change ( ) Addition Title: TR ( ) Delete Title: TR

Name: STEARNS, SALLY Name: THOMAS, MARY 757 S. ORANGE AVEN #505 8029 PARROT DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete Title: () Change () Addition

MARINARO, MARIE Name: Name: 1027 MALAGA ST. Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

WATKINS, DEBBIE WILSON BARBARA Name: Name: Address: 5428 E. MICHIGAN #1 Address: P. O. BOX141207 ORLANDO, FL 32812 ORLANDO, FL 32814 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA J WESTFALL S 01/05/2006