

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005386

FILED
Jan 06, 2007
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:

WESTFALL, BARBARA J
7510 AUTUMN PINES DRIVE
ORLANDO, FL 32822 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: NEELY, CHERYL
Address: 5461-B LAKE MARGARET DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: KELEMEN, LILLIAN
Address: 8716 PINE BARRENS DRIVE
City-St-Zip: ORLANDO, FL 32817

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

Title: TR () Delete
Name: THOMAS, MARY
Address: 8029 PARROT DRIVE
City-St-Zip: ORLANDO, FL 32825

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

Title: TR () Delete
Name: WATKINS, DEBBIE
Address: P. O. BOX141207
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELEMEN, LILLIAN
Address: 8716 PINE BARRENS DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: VP (X) Change () Addition
Name: AMOS, DEBBIE
Address: 5309 DEXTER STREET
City-St-Zip: ORLANDO, FL 32807

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

Title: TR (X) Change () Addition
Name: BUTLER, CAROLINE
Address: 1108 CHIEF TRAIL
City-St-Zip: ORLANDO, FL 32825

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

Title: () Change () Addition
Name:
Address:
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

01/06/2007

Electronic Signature of Signing Officer or Director

Date