2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005386

Entity Name: ORLANDO AUXILIARY #3496, INC.

FILED Jan 11, 2008 Secretary of State

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

WESTFALL, BARBARA J 7510 AUTUMN PINES DRIVE 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KELEMEN, LILLIAN AMOS, DEBBIE Name: Name:

8716 PINE BARRENS DRIVE Address: 5309 DEXTER STREET Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32807

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

Name: AMOS, DEBBIE Name: WATKINS, DEBORAH

Address: 5309 DEXTER STREET Address: 5461-B LAKE MARGARET DRIVE

City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32812

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

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

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

Name: BUTLER, CAROLINE Name: FITZGERALD, JULIA 1108 CHIEF TRAIL Address: Address: 103 HOLLOWAY City-St-Zip: ORLANDO, FL 32825 City-St-Zip: SANFORD, FL 32771

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 SARDEN, DONNIE Name: Name: Address: P. O. BOX141207 Address: 1128 SANDERLIN ORLANDO, FL 32814 ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/11/2008