

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001775

1. Entity Name
FRIENDS OF ORLO VISTA, INC.



Principal Place of Business
7119 WEST LIVINGSTON STREET
ORLANDO, FL 32835

Mailing Address
7119 WEST LIVINGSTON STREET
ORLANDO, FL 32835



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09242004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3457096

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAUGHTER-BRANTLEY
7119 WEST LIVINGSTON STREET
ORLANDO, FL 32835

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SLAUGHTER, BRANTLEY	
STREET ADDRESS	7119 W.LIVINGSTON STREET	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHANDLEY, MIKE	
STREET ADDRESS	23 NORTH NOWELL AVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VEITH, WALTER	
STREET ADDRESS	12 SOUTH NOWELL AVE.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CHANDLEY, DAVID	
STREET ADDRESS	23 NORTH NOWELL AVE.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, THOMAS J JR	
STREET ADDRESS	8 NORTH JOHN STREET	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200041639842
STREET ADDRESS	10/06/04--01030--015 **61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	DECEASED
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brantley Slaughter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-04
Date

407-247-2997
Daytime Phone #