

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005034

Entity Name: THE VILLAGE OF ORLANDO, INC.

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

918 WOODEN BLVD
ORLANDO, FL 32805

New Principal Place of Business:

3018 MONTE CARLO TRAIL
ORLANDO, FL 32805

Current Mailing Address:

918 WOODEN BLVD
ORLANDO, FL 32805

New Mailing Address:

3018 MONTE CARLO TRAIL
ORLANDO, FL 32805

FEI Number: 59-3529562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, ALLEN T. D.
918 WOODEN BBVD
ORLANDO, FL 32805

Name and Address of New Registered Agent:

WIGGINS, ALLEN T. D.
3018 MONTE CARLO TRAIL
ORLANDO, FL 32805

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:

03/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIGGINS, ALLEN T. D.
Address: 918 WOODEN BLVD
City-St-Zip: ORLANDO, FL 32805

Title: VD () Delete
Name: WIGGINS, BEULAH
Address: 829 FERGUSON DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: STD () Delete
Name: AXSON, YOLANDO
Address: 9115 ALISO RIDGE ROAD
City-St-Zip: GOTH A, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WIGGINS, ALLEN T. D.
Address: 3018 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

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 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: ALLEN T.D. WIGGINS

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date