## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005913

Entity Name: GREATER ORLANDO LIVERY ASSOCIATION, INC.

FILED Apr 30, 2004 Secretary of State

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

12648 OLD CASTLE DRIVE 4101 LINDY CIRCLE ORLANDO, FL 32837 ORLANDO, FL 32827

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

P O BOX 621871 ORLANDO, FL 328621871

FEI Number: 59-3537402 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PAILE, GREGORY PAILE, GREGORY 12648 OLD CASTLE DRIVE 14209 JABOT LANE US ORLANDO, FL 32837 ORLANDO, FL 32837

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: GREGORY PALIE 04/30/2004

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition PAILE, GREGORY PAILE, GREGORY Name: Name:

12548 OLD CASTLE DR Address: 4101 LINDY CIRCLE SUITE 8 Address: City-St-Zip: ORLANDO, FL 32877 City-St-Zip: ORLANDO, FL 32827

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

TERRANOVA, RANDY Name: Name: Address: 775 MUSAGO RUN Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition MERINO, WILLIAM Name: BERRY, MIKE Name:

2302 CILANTRO DR 10359 ORANGEWOOD BLVD. Address: Address:

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32821

Title: ( ) Delete Title: (X) Change ( ) Addition Name: EASON, RONALD Name: EASON, RONALD

Address: PO BOX 4312 Address: PO BOX 4312 City-St-Zip: APOPKA, FL 32704 City-St-Zip: APOPKA, FL 32704

Title: ( ) Delete Title: (X) Change ( ) Addition SAPIRO, AMONDO CARBONE, ALEX Name: Name:

5502 DEEPDALE DR 4101 LINDY CIRCLE SUITE 10 Address: Address:

City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32827

Title: () Delete Title: ( ) Change (X) Addition CARLSWARD, TIM Name: Name:

Address: Address: 4101 LINDY CIRCLE SUITE 8 ORLANDO, FL 32827 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 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: GREG PALIE **TREA** 04/30/2004 MCKENZIE, MIKE DIRECTOR 7344 GROTTO AVE ORLANDO FL. 32828