

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000056558

1. Entity Name
THE NEW SCHOOL OF ORLANDO, INC.



Principal Place of Business
**130 EAST MARKS ST
ORLANDO, FL 32803 US**

Mailing Address
**130 E MARKS ST
ORLANDO, FL 32803 US**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3395353

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRISON, WILLIAM H ESQ.
7100 SO. US HIGHWAY 17-92
FERN PARK, FL 32730**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000642015
03/01/07-80024-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SORIN, MORRIS
STREET ADDRESS 106 RED BAY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VD
NAME SORIN, KAREN H
STREET ADDRESS 106 RED BAY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE TD
NAME BARU, ETTY
STREET ADDRESS 108 BRIDGEWAY CIRCLE
CITY-ST-ZIP LONGWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *Morris Sorin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/07 *407-246-0582*