

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012269

**Entity Name:** JERUSALEM-ORLANDO COALITION, INC.**Current Principal Place of Business:**3825 CRESCENT PARK BLVD  
ORLANDO, FL 32812**Current Mailing Address:**3825 CRESCENT PARK BLVD  
ORLANDO, FL 32812 US**FEI Number:** 82-3780899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LORENZ, BLAKE  
3825 CRESCENT PARK BLVD  
ORLANDO, FL 32812 US*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**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | P/D                     |
| Name            | LORENZ, BLAKE           |
| Address         | 3825 CRESCENT PARK BLVD |
| City-State-Zip: | ORLANDO FL 32812        |

|                 |                    |
|-----------------|--------------------|
| Title           | DIR                |
| Name            | BARNETT, JAMES B   |
| Address         | 7575 EARLWOOD AVE. |
| City-State-Zip: | MT. DORA FL 32757  |

|                 |                    |
|-----------------|--------------------|
| Title           | VP/D               |
| Name            | LAW, JOHN T        |
| Address         | 22251 DEERPARK AVE |
| City-State-Zip: | EUSTIS FL 32736    |

|                 |                     |
|-----------------|---------------------|
| Title           | S/D                 |
| Name            | HILLMAN, DANIEL D   |
| Address         | 5128 DORIAN AVE     |
| City-State-Zip: | BELLE ISLE FL 32812 |

|                 |                       |
|-----------------|-----------------------|
| Title           | T                     |
| Name            | FERREIRA, FELIPE W    |
| Address         | 11323 CAMDEN LOOP WAY |
| City-State-Zip: | WINDERMERE FL 34786   |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | MARTIN, ALDO D.         |
| Address         | 1751 S. CHICKASAW TRAIL |
| City-State-Zip: | ORLANDO FL 32825        |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DANIEL D. HILLMAN**SECRETARY****02/07/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date