


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90174 047 \*\*\*\*61.25

**DOCUMENT # 708281**  
1. Entity Name  
**ORANGE LAKE CIVIC CENTER, INC.**



Principal Place of Business: **11803 104TH STREET NORTH  
LARGO FL 33773  
US**  
Mailing Address: **11803 104TH STREET NORTH  
LARGO FL 33773  
US**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)  
4. FEI Number **59-1086909** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GOLDBERG, SHIRLEY A  
10384 - 111TH PL., N.  
LARGO FL 33773**

7. Name and Address of New Registered Agent  
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: *Shirley A. Goldberg* DATE: **4/17/06**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>GABRIEL, JOHN</b>	
STREET ADDRESS: <b>10523-117TH DR N</b>	
CITY-ST-ZIP: <b>LARGO FL 33773</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete
NAME: <b>PATULA, NANCY G</b>	
STREET ADDRESS: <b>1174B-103RD ST N</b>	
CITY-ST-ZIP: <b>LARGO FL 33773</b>	
TITLE: <b>T</b>	<input type="checkbox"/> Delete
NAME: <b>GOLDBERG, SHIRLEY A</b>	
STREET ADDRESS: <b>10384 - 111TH PL., N.</b>	
CITY-ST-ZIP: <b>LARGO FL 33773</b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete
NAME: <b>ANTOSKI, LOIS L</b>	
STREET ADDRESS: <b>10413-118TH AVE. N.</b>	
CITY-ST-ZIP: <b>LARGO FL 33773</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>BANNON, PATRICIA</b>	
STREET ADDRESS: <b>10120-117TH PLN</b>	
CITY-ST-ZIP: <b>LARGO FL 33773</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>GASKA, EDWARD</b>	
STREET ADDRESS: <b>12473 CUMBERLAND DR</b>	
CITY-ST-ZIP: <b>LARGO FL 33773</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>D KELLEY, JR. DANIEL</b>	
STREET ADDRESS: <b>10555 - 118th. Ave. N.</b>	
CITY-ST-ZIP: <b>LARGO, FL, 33773</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Shirley A. Goldberg Treas* **4-17-06 391-3671**