

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90049 043 \*\*\*\*61.25

<b>DOCUMENT # N39341</b> 1. Entity Name <b>WEST ORANGE HABITAT FOR HUMANITY, INC.</b>	
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Principal Place of Business P O BOX 38 OAKLAND FL 34760	Mailing Address P O BOX 38 OAKLAND FL 34760
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-3046322</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>DRYDEN, JOHN T 830 PALM COVE DRIVE ORLANDO FL 32835</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP VANDYKE, JERRY <input checked="" type="checkbox"/> Delete 619 MAGNOLIA STREET WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DRYDEN, JOHN T <input type="checkbox"/> Delete 830 PALM COVE DR ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHANNIN, NICHOLAS A ESQ <input checked="" type="checkbox"/> Delete 1707 BRIDLEWALK COURT GOTHA FL 34734
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RICCI, GAIL <input type="checkbox"/> Delete 7074 HORIZON CIRCLE WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Shannin, Nicholas A Esq. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1707 Bridlewalk Court Gotha, FL 34734
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Walterhouse, H Duane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10102 Carrington Court Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** John T P Dryden **John T P Dryden** **04.24.07** **(407)296-2680**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #