2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006919

FILED Jaņ 0<u>8, 2</u>009 Secretary of State

Entity Name: WEST ORANGE POLITICAL ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 12184 W COLONIAL DR WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 12184 W COLONIAL DR WINTER GARDEN, FL 34787 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'KEEFE, DANIEL T SHUTTS & BOWEN, LLP 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 338024956 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition O'KEEFE, DANIEL T Name: Name: 300 SOUTH ORANGE AVENUE, SUITE 1000 Address: Address: City-St-Zip: ORLANDO, FL 328024956 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition Name: SYLVESTER, DAVID Name: SYLVESTER, DAVID Address: 2 ROSENBERRY CT Address: 2 ROSENBERRY CT City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: () Change () Addition ARDAMAN, KURT Name: Name: 170 EAST WASHINGTON STREET Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BEHRENS, MADELINE K Name: 805 HAWKS BLUFF Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: VC (X) Change () Addition PETRO, DANIEL PETRO, DANIEL Name: Name: 630 KISSIMMEE AVE 630 KISSIMMEE AVE Address: Address: OCOEE, FL 34761 OCOEE, FL 34761 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID SYLVESTER C 01/08/2009