

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703730

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** WEST ORANGE SCHOLARSHIP FOUNDATION INC

**Current Principal Place of Business:**

800 S. DILLARD ST.  
P.O. BOX 771047  
WINTER GARDEN, FL 347873910

**New Principal Place of Business:**

**Current Mailing Address:**

800 S. DILLARD ST.  
P.O. BOX 771047  
WINTER GARDEN, FL 347873910

**New Mailing Address:**

**FEI Number:** 59-6159394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMBRUSTER, MIKE  
C/O WEST ORANGE HIGH SCHOOL  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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:**

Title: TD ( ) Delete  
Name: CLOUGHLEY, MARJORIE, E  
Address: P.O. BOX 770671  
City-St-Zip: WINTER GARDEN, FL 34777

Title: PD ( ) Delete  
Name: TERRELL, JOHN  
Address: P.O. BOX 771083  
City-St-Zip: WINTER GARDEN, FL 34777

Title: VD ( ) Delete  
Name: MASHBURN, ERIC,  
Address: 102 E. MAPLE ST.  
City-St-Zip: WINTER GARDEN, FL

Title: SD ( ) Delete  
Name: ARMBRUSTER, MIKE  
Address: 1625 BEULAH RD  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE ARMBRUSTER

SD

04/28/2005

Electronic Signature of Signing Officer or Director

Date