2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# 703730

Entity Name: WEST ORANGE SCHOLARSHIP FOUNDATION INC

Current Principal Place of Business:

800 S. DILLARD ST.
WINTER GARDEN, FL 347873910

New Principal Place of Business:

Current Mailing Address:

800 S. DILLARD ST.
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: D ( ) Delete
Name: SINES, HENRY W
Address: 800 S. DILLARD ST.
City-St-Zip: WINTER GARDEN, FL 34787

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 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: HENRY W SINES D 04/20/2007

Electronic Signature of Signing Officer or Director — Date