

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712663

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** THE ORANGE COUNTY CLASSROOM TEACHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1020 WEBSTER AVENUE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1020 WEBSTER AVENUE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-0951212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FARRIS, PHILIP  
1020 WEBSTER AVE  
ORLANDO, FL 32804 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: P ( ) Delete  
Name: CAHILL, MICHAEL  
Address: 5141 MAJESTIC WOODS PL  
City-St-Zip: SANFORD, FL 32771

Title: V D ( ) Delete  
Name: MOORE, DIANA  
Address: 11298 PAPHYRUS LN  
City-St-Zip: ORLANDO, FL 32821

Title: 2VPD ( ) Delete  
Name: WILLIAMS, ANGELA R  
Address: 5111 REBECCA CT  
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete  
Name: DEMOND, DAVID  
Address: 2445 CRANE CT  
City-St-Zip: SAINT CLOUD, FL 34771

Title: S ( ) Delete  
Name: MORRIS, PATTI  
Address: 4319 OLD DOMINION RD  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: DYKES, DEBORAH  
Address: 704 BONGART RD  
City-St-Zip: WINTER PARK, FL 32792

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

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

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

Title: 2VPD (X) Change ( ) Addition  
Name: MORRIS, PATTI  
Address: 4319 OLD DOMINION RD  
City-St-Zip: ORLANDO, FL 32812

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

Title: S (X) Change ( ) Addition  
Name: DENOON, PATRICIA  
Address: 4557 LAKEWAY DR  
City-St-Zip: ORLANDO, FL 32839

Title: D (X) Change ( ) Addition  
Name: ELTON, WRIGHT  
Address: 2390 ANACOSTIA AVE  
City-St-Zip: OCOEE, FL 34761

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: MICHAEL CAHILL

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date