FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734017 (7)

1. Corporation Name
EAST ORANGE COMMUNITY ACTION, INC.

Principal Place of Business	Mailing Address
12050 E COLONIAL DRIVE ORLANDO FL 32826	12050 E COLONIAL DRIVE ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1975
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1802666 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~CUMMINGS JOHN~~
~~2028 HAMPTON CIRCLE~~
~~WINTER PARK FL 32725~~

10. Name and Address of New Registered Agent

81 Name: CRISTINE F. SHAGINAW
82 Street Address (P.O. Box Number is Not Acceptable)
83: 21129 REINDEER ROAD
84 City: CHRISTMAS FL 85 Zip Code: 32709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cristine F. Shaginaw Cristine F. Shaginaw, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~CUMMINGS, JOHN~~	1.2 NAME	SHAGINAW, CRISTINE	
STREET ADDRESS	~~2028 HAMPTON CIRCLE~~	1.3 STREET ADDRESS	21129 REINDEER ROAD	
CITY-ST-ZIP	~~WINTER PARK FL~~	1.4 CITY-ST-ZIP	CHRISTMAS, FL 32709	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~KOON, BETH~~	2.2 NAME	DUNHAM, JAMES	
STREET ADDRESS	~~2451 ECON CIR #241~~	2.3 STREET ADDRESS	1548 INDIANHEAD TRAIL	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~CHESTER, MARKEL~~	3.2 NAME	THOMAS, LAURA	
STREET ADDRESS	~~1091 CAUBEL STREET~~	3.3 STREET ADDRESS	1929 FRANK STREET	
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~OPFELL, YVONNE~~	4.2 NAME	MIDDOUR, LARRY	
STREET ADDRESS	~~2735 ROUSE RD~~	4.3 STREET ADDRESS	8209 CASTINAGO	
CITY-ST-ZIP	~~ORLANDO, FL 00000~~	4.4 CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~MONTERO, JUANITA~~	5.2 NAME	THOMAS, LAURA	
STREET ADDRESS	~~7635 DIONE CT.~~	5.3 STREET ADDRESS	1929 FRANK STREET	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~ABBOT, SHERRY M~~	6.2 NAME	KOENIG, DIANE	
STREET ADDRESS	~~7700 HIGH PINE DR~~	6.3 STREET ADDRESS	1758 BONNEVILLE DRIVE	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO, FL 32826	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane L. Koenig DIANE L. KOENIG 1/12/95 407-273-2941
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

085A01