

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **734017** (7)

1. Corporation Name

**EAST ORANGE COMMUNITY ACTION, INC.**



Principal Place of Business

Mailing Address

12050 E COLONIAL DRIVE  
ORLANDO FL 32826

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ORLANDO FL 32826

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/08/1975

3a. Date of Last Report

01/25/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUMMINGS JOHN+**  
**2020 HAMPTON CIRCLE**  
**WINTER PARK FL 32725**

81 Name **CRISTINE F. SHAGINAW**

82 Street Address (P.O. Box Number is Not Acceptable)  
**21129 Reindeer Road**

83

84 City **Christmas**

FL

85 Zip Code **32709**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Cristine F. Shaginaw*

**Cristine F. Shaginaw, President**

**1/22/96**

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SHAGINAW, CRISTINE**  
STREET ADDRESS **21129 REINDEER RD.**  
CITY-ST-ZIP **CHRISTMAS FL**

TITLE **VP** ☐ DELETE  
NAME **DUNHAM, JAMES**  
STREET ADDRESS **1548 INDIANHEAD TRL.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** ☐ DELETE  
NAME **THOMAS, LAURA**  
STREET ADDRESS **1929 FRANK ST.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** ☐ DELETE  
NAME **MIDDOUR, LARRY**  
STREET ADDRESS **8209 CASTINAGO**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **KOENIG, DIANE**  
STREET ADDRESS **1758 BONNEVILLE DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SD THOMAS, LAURA**  
3.3 STREET ADDRESS **1929 FRANK ST.**  
3.4 CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **T MIDDOUR, LARRY**  
4.3 STREET ADDRESS **8209 CASTINAGO**  
4.4 CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **VD BALLARD, JACKIE**  
6.3 STREET ADDRESS **25016 ANTLER ST.**  
6.4 CITY-ST-ZIP **CHRISTMAS FL**

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)(k), 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:

*Cristine F. Shaginaw*

**Cristine F. Shaginaw, President 407-245-0018**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (12/95)