

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 FEB 10 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 734017 (7)

1. Corporation Name

EAST ORANGE COMMUNITY ACTION, INC.

Principal Place of Business

12050 E COLONIAL DRIVE
ORLANDO FL 32826

Mailing Address

12050 E COLONIAL DRIVE
ORLANDO FL 32826-4705



3. Date Incorporated or Qualified
10/08/1975

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

SHAGINAW, CHRISTINE F
21129 REINDEER ROAD
CHRISTMAS FL 32709

81 Name

Patricia Stiles

82 Street Address (P.O. Box Number is Not Acceptable)

1929 Frank Street

83

84 City Orlando

FL

85 Zip Code 32826

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 *Patricia Stiles*
Signature, typed or printed name of registered agent and title if applicable

Patricia Stiles/President

1/8/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Vice President VPD
1.2 NAME Shaginaw, Cristine
1.3 STREET ADDRESS 21129 Reindeer Rd. Christmas, FL
1.4 CITY-ST-ZIP

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

2.1 TITLE President Elect PED
2.2 NAME Montero, Juanita
2.3 STREET ADDRESS 7638 Dione Court
2.4 CITY-ST-ZIP Orlando, FL 32822

TITLE SD
NAME THOMAS, LAURA
STREET ADDRESS 1929 FRANK ST.
CITY-ST-ZIP ORLANDO FL

3.1 TITLE President PD
3.2 NAME Stiles, Patricia
3.3 STREET ADDRESS 1929 Frank Street
3.4 CITY-ST-ZIP Orlando, FL 32826

TITLE T
NAME MIDDOUR, LARRY
STREET ADDRESS 8209 CASTINAGO
CITY-ST-ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

TITLE VD
NAME BALLARD, JACKIE
STREET ADDRESS 25016 ANTLE ST
CITY-ST-ZIP CHRISTMAS FL

6.1 TITLE Secretary SD
6.2 NAME Ballard, Jackie
6.3 STREET ADDRESS 25016 Antler Street
6.4 CITY-ST-ZIP Christmas, FL 32709

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Stiles

1/8/97

(407) 273-2941

Daytime Phone # 0017704

CR2E037 (9/96)