FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

EAST ORANGE COMMUNITY ACTION, INC.

FILED Jan 22 1998 8:00am Secretary of State

						441 8 4846 8 4841 8 4816 8 484 4 881	
Principal Place of Business Mailing Address					T INDIAN CORRUSTIN DENSE RUNDI JURIL ENST SIDIN DI	ija dinii noner vinii nekii fah	
12050 E COLONIAL DRIVE 12050 E COLONIAL					3. Date Incorporated or Qualified		
ORLANDO FL 32826		ORLANDO FL 32826			10/08/1975		
					4. FEI Number	Applied For	
					59-1802666	Not Applicable	
2. Principal F 21	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	Suite, Apt. #, etc. Suite, Apt. #, etc				6. Election Campaign Financing	\$5.00 May Be	
22 27					Trust Fund Contribution	Added to Fees	
	City & State City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	28		Course	Country 8. This corporation owes or has paid the current year intendible			
24	25	_ 	30	ı y	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible	
24)	9. Name and Address of Curren	11	30		10. Name and Address of New Registered		
			8	1 Name			
STILES, PATRICIA				0 0	Address (D.O. Davidson's Managements)		
1929 FRANK STREET			8	2 Street	eet Address (P.O. Box Number is Not Acceptable)		
	OO FL 32826		8	3			
			8	4 City		85 Zip Code	
				_	FL		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	gorit signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	VD	DELETE	1.1 TITLE		1	☐ Change ☐ Addition ♀	
NAME	SHAGINAW, CRISTINE		1.2 NAM	Ε		Ž	
STREET ADDRESS	21129 REINDEER RD.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CHRISTMAS FL		1.4 CITY	ST-ZIP			
TITLE	PED	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition ☐	
NAME	MONTERO, JUANITA		2.2 NAM	Ē			
STREET ADORESS	7638 DIONE COURT		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822		2. 4 CITY	-ST-ZIP			
TITLE	PD DELETE 3.1 TI		3.1 TITLE			Change Addition	
NAME	STILES, PATRICIA		3.2 NAME	•			
STREET ADDRESS	1929 FRANK STREET		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32826	Classes	3.4. CITY				
TITLE	I I	☐ DELETE	4.1 TITLE			Change Addition	
NAME	MIDDOUR, LARRY		4, 2 NAM				
STREET ADDRESS	8209 CASTINAGO			et address			
CITY-ST-ZIP TITLE	ORLANDO FL D	☐ DELETE	4.4 CITY-			Change Addition	
NAME :	KOENIG, DIANE		5.1 THE			C Change C Addition	
STREET ADDRESS	1758 BONNEVILLE DR.			T ADDRESS			
	ORLANDO FL						
CITY-ST-ZIP TITLE	S	L DELETE	5.4 CITY - 5.1 TITLE			Change Addition	
NAME	BALLARD, JACKIE	time Contra	6.2 NAME				
STREET ADDRESS	25016 ANTLER ST			T ADDRESS			
CITY-ST-ZIP	CHRISTMAS FL		6.4 CITY-				
14 I bereby o		th this filing doos not qualify for			nd in Section 119 07/3\/i) Florida Statutes I further co	rtify that the information	

Included 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 it entangled, or on an attackment with an address.