


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 734450

1. Entity Name
**UNITED OSTOMY ASSOCIATION OF AMERICA
 GREATER ORLANDO AND CENTRAL FLORIDA GROUP,
 INC.**



Principal Place of Business Mailing Address

**418 TULANE DR
 ALTAMONTE SPRINGS, FL 32714 US** **418 TULANE DR
 ALTAMONTE SPRINGS, FL 32714 US**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1637691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUTTOE, VIOLA
 210 TRIPLET DRIVE
 CASSELBERRY, FL 32707**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be
 Added to Fees**

U000002831688
 02/27/08-80026-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, ROGER K 285 UPTOWN BLVD APT 425 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIHLEN, EVELYN 418 TULANE DR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTOE, VIOLA 210 TRIPLET LAKE DR. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTMER, SHELLEY 614 LAKESHORE DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn Vihlen* EVELYN VIHLEN 2/15/08 407-862-6567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #