


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90001 003 \*\*\*\*70.00

**DOCUMENT # 762699**

1. Entity Name  
 ORANGE COUNTY BAR ASSOCIATION FOUNDATION, INC.




Principal Place of Business  
 880 N ORANGE AVENUE #100  
 ORLANDO, FL 32801

Mailing Address  
 PO BOX 530085  
 ORLANDO, FL 32853-0085

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



08272007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2215141

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORANGE COUNTY BAR ASSOCIATION, INC.  
 880 N ORANGE AVENUE #100  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHANNIN, NICHOLAS A	
STREET ADDRESS	19 EAST CENTRAL BOULEVARD	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUBLETTE, WILLIAM E	
STREET ADDRESS	250 NORTH ORANGE AVENUE, SUITE 1220	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHIPLEY, C. G	
STREET ADDRESS	234 NORTH WESTMONTE DRIVE, SUITE 3000	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	UMANSKY, WILLIAM D	
STREET ADDRESS	1500 EAST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, ESTHER	
STREET ADDRESS	STATE ATTORNEYS OFFICE, 415 N. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BITTNER, BRANT S	
STREET ADDRESS	880 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO, FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	wert, Thomas P.	
STREET ADDRESS	301 E. Pine St., Ste. 730	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Diego "Woody"	
STREET ADDRESS	476 Lake Baldwin Ln. Ste. 101	
CITY-ST-ZIP	Orlando, FL 32814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shiple, C.G.	
STREET ADDRESS	234 North Westmonte Dr., Suite 3000	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 persons empowered.

SIGNATURE: Brant S Bittner 8-28-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #