## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005631

Entity Name: ONTPA, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 947719

MAITLAND, FL 327947719

Current Mailing Address: New Mailing Address:

P.O. BOX 947719 MAITLAND, FL 327947719

FEI Number: 59-3674794 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REES, ED 323 LAURENBURG LN OCOEE, FL 34761 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 1043 KELLY CREEK CR Address: 323 LAURENBURG LN City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OCOEE, FL 34761

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition Name: CLAUS, DAVID Name: HARDIN, LOIS

 Address:
 1851 MOHAWK TRL
 Address:
 1272 WELLINGTON TER

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32751

Title: PD () Delete Title: () Change () Addition

 Name:
 REES, ED
 Name:

 Address:
 323 LAURENBURG LN
 Address:

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 LINCOLN, ANTHONY
 Name:
 CLAUS, DAVID

 Address:
 646 MAHNOLIA DRIVE
 Address:
 1851 MOHAWK TRL

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS HARDIN DT 04/29/2004