

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006255

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** ORANGE COUNTY EDUCATIONAL SOCIAL WORKERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

412 SURREY RUN  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

412 SURREY RUN  
CASSELBERRY, FL 32707

**New Mailing Address:**

PO BOX 2094  
ORLANDO, FL 32802 US

**FEI Number:** 59-3685330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIES, DALE  
412 SURREY RUN  
CASSELBERRY, FL 32707 US

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

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:**

Title: CD ( ) Delete  
Name: DAVIE, DALE  
Address: 412 SURREY RUN  
City-St-Zip: CASSELBERRY, FL 32707

Title: VCD ( ) Delete  
Name: GRAHAM-LAWRENCE, MARY  
Address: 607 TERRENCE COVE WAY  
City-St-Zip: ORLANDO, FL 32828

Title: SD ( ) Delete  
Name: BOELE, JENNIFER J  
Address: 9923 DEAN ACRE DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: T ( ) Delete  
Name: EBERL, JAN  
Address: 806 E. ANDERSON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: T ( ) Delete  
Name: SAWYER, CYNTHIA  
Address: 5441 LK MARGARET DR APT A  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: DAVIES, DALE W  
Address: 412 SURREY RUN  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DALE W. DAVIES

CD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date