
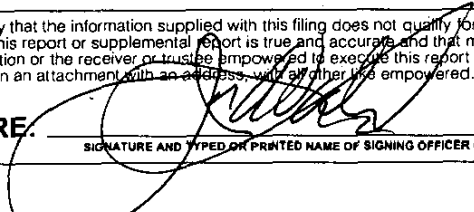


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90130 036 ****61.25

DOCUMENT # N01000001439 1. Entity Name ORLANDO CLAIMS ASSOCIATION, INC.					
Principal Place of Business 1415 BRUMLEY ROAD CHULUOTA, FL 32766			Mailing Address 1415 BRUMLEY ROAD CHULUOTA, FL 32766		
2. Principal Place of Business 12104 RANDALL WOODS DR			3. Mailing Address 12104 RANDALL WOODS DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIDLAND GA		City & State MIDLAND GA		4. FEI Number NOT APPLICABLE	
Zip 31820		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTON, RICHARD J 697 BROADOAK LOOP SANFORD, FL 32771				7. Name and Address of New Registered Agent Name JOHN VOELPEL III Street Address (P.O. Box Number is Not Acceptable) 2212 CURRY FORD ROAD City ORLANDO FL 32806	
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 JOHN VOELPEL III <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE 3-4-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P CONLEY, SUE <input type="checkbox"/> Delete 2601 ROXBURY RD. WINTER PARK, FL 32789		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DRA <input checked="" type="checkbox"/> Delete PATTON, RICK 697 BROADOAK LOOP SANFORD, FL 32771		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Delete BLAD, JOE 534 ORANGE DRIVE #25 ALTAMONTE SPRINGS, FL 32701		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			JOSEPH BLADE P.O. BOX 530083 ORLANDO FL 32753		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DS <input checked="" type="checkbox"/> Delete WEATHERS, GREG PO BOX 1672 LAKE CITY, FL 32056		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			JOHN VOELPEL III 2212 CURRY FORD RD. ORLANDO FL 32806		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<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 life empowered.					
SIGNATURE 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	