2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90033 045 ****70.00

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1. Entity Name
WEST ORANGE CITIZEN ACTION COALITION, INC.

Principal Place of Business	Mailing Address
830 KLONDIKE ST. WINTER GARDEN, FL 34787 US	830 KLONDIKE ST. WINTER GARDEN, FL 34787 US

40111156

04252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3724761
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, CHARLIE M
~~1007 STUCKI TERRACE~~ 284 11th. Street
WINTER GARDEN, FL 34787

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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 May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	~~ANSRY~~, PATRICIA
STREET ADDRESS	~~897 KLONDIKE STREET~~ 284 11th Street
CITY-ST-ZIP	~~WINTER GARDEN~~, FL 34787 Winter Garden Fl.
Charlie Mae Wilder	
TITLE	DVP
NAME	~~BOSTWICK~~, OBAUGH
STREET ADDRESS	~~876 E. BAY STREET~~
CITY-ST-ZIP	~~WINTER GARDEN~~, FL 34787
TITLE	D S
NAME	ROGERS, MARVELOUS
STREET ADDRESS	1401 KENNY COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	DT
NAME	~~WILDER~~, ~~CHARLIE MAE~~
STREET ADDRESS	~~1007 STUCKI TERRACE~~
CITY-ST-ZIP	~~WINTER GARDEN~~, FL 34787~~4288~~
Marilyn Mack 511 W. Astell Ave Oakland, Fl. 34760	
TITLE	D Deceased
NAME	DIXON, MILDRED L
STREET ADDRESS	1089 NORTH CIRCLE CT.
CITY-ST-ZIP	~~WINTER GARDEN~~, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charlie Mae Wilder Charlie Mae Wilder President 4/25/07 407 656-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #