

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003640

FILED
Apr 28, 2009
Secretary of State

Entity Name: WEST ORANGE CITIZEN ACTION COALITION, INC.

Current Principal Place of Business:

830 KLONDIKE ST.
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

284 11TH. STREET
WINTER GARDEN, FL 34787 US

Current Mailing Address:

830 KLONDIKE ST.
WINTER GARDEN, FL 34787 US

New Mailing Address:

284 11TH. STREET
WINTER GARDEN, FL 34787 US

FEI Number: 59-3724761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILDER, CHARLIE M
284 11TH ST.
WINTER GARDEN, FL 34787 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: DP () Delete
Name: MAEWILDER, CHARLIE
Address: 284 11TH ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WASHINGTON, MILDRED
Address: 908 E. BAY STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: DT () Delete
Name: MACK, MARILYN
Address: 511 W. POSTELL AVE
City-St-Zip: OAKLAND, FL 34760

Title: DVP () Delete
Name: DUDLEY, HENRY
Address: 1101 WOODMAN WAY
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLIE MAE WILDER

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date