

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003807

FILED
Apr 13, 2007
Secretary of State

Entity Name: ORANGE BLOSSOM OWNER HANDLERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

795 BRIARWOOD COURT
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

795 BRIARWOOD COURT
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3744201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULENWIDER, SUSAN
795 BRIANWOOD COURT
ORANGE CITY, FL 32763 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: FULENWIDER, SUSAN
Address: 795 BRIARWOOD COURT
City-St-Zip: ORANGE CITY, FL 32763

Title: DV () Delete
Name: NIRENBERG, CATHY
Address: 6491 SW 168TH TERRACE RD.
City-St-Zip: OCALA, FL 34481

Title: DV () Delete
Name: NARUSHKA, JANET
Address: 357 COLLINS ST.
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS () Delete
Name: PARKS, DALE L
Address: 914 LEMON RD.
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: DT () Delete
Name: HELL, THOMAS J
Address: 3920 WATER OAK DR.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: HENDRICK, WELLS W
Address: 3100 NE 117TH CT.
City-St-Zip: SILVER SPRINGS, FL 34488

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
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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 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: THOMAS J. HELL

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04/13/2007

Electronic Signature of Signing Officer or Director

Date