

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003927

FILED
May 25, 2006
Secretary of State

Entity Name: ORANGE COUNTY ARTS FOR A COMPLETE EDUCATION, INC.

Current Principal Place of Business:

P O BOX 131
WINTER PARK, FL 327900131

New Principal Place of Business:

759 ALTON AVE
ORLANDO, FL 32804

Current Mailing Address:

P O BOX 131
WINTER PARK, FL 327900131

New Mailing Address:

759 ALTON AVE
ORLANDO, FL 32804

FEI Number: 59-3726818 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEBSTER, THEO M
759 ALTON AVE.
ORLANDO, FL 32804 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: PD () Delete
Name: WEBSTER, THEO
Address: 759 ALTON AVE.
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: OLSON, TERRY
Address: 201 S. ROSALIND
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BRETZ, KATY
Address: 224 N. LAKE CORTEZ DR.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: GIDDAY, JANET
Address: 311 WEST PRINCETON STREET
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: GOODIER-MOJHER, JUDE
Address: 2416 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

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:

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: THEO M. WEBSTER

PRES

05/25/2006

Electronic Signature of Signing Officer or Director

Date