


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004415 1. Entity Name ORANGE COUNTY SUBSTITUTE TEACHERS ASSOCIATION, INC.	
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Principal Place of Business 802 EAST 6TH STREET APOPKA, FL 32703	Mailing Address 802 EAST 6TH STREET APOPKA, FL 32703
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04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3494472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCBEE, MILDRED E 802 E. 6TH STREET APOPKA, FL 32703
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCBEE, MILDRED E 802 EAST 6TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSBY, DAVID 4531 POINT LOOKOUT ROAD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, BOD 2927 BOWER ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITHERSPOON, ROBERTA 4948 GROUCHER LANE ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD SPARGENBERG, DARYL 4600 ROBBINS AVENUE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000513803
04/29/06-80143-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Mildred M. Bee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 407-884-7203
Date Daytime Phone #