

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90034 013 ****70.00

DOCUMENT # N02000005907

1. Entity Name
ORLANDO FIRE TRUST, INC.



Principal Place of Business
**400 SOUTH ORANGE AVE. 7TH FLOOR
ORLANDO, FL 32801**

Mailing Address
**400 SOUTH ORANGE AVE. 7TH FLOOR
ORLANDO, FL 32801**

00000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01232007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
01-0746149

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORES, MARGARITA R
400 SOUTH ORANGE AVE
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Margarita Flores

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BOWMAN, ROBERT A**
STREET ADDRESS **6653 SE 57TH ROAD**
CITY-ST-ZIP **CENTER HILL, FL 33514**

TITLE **VP** ☒ Delete
NAME **REYNOLDS, JAMES M**
STREET ADDRESS **3110 ALBERT STREET**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **T** ☐ Delete
NAME **FLORES, MARGARITA**
STREET ADDRESS **735 ALABAMA WOODS LANE**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **VP** ☒ Delete
NAME **JOHNSTON MILLER, KATHY L**
STREET ADDRESS **1016 LAKE SHERWOOD DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **S** ☐ Delete
NAME **LOOKHOFF, PAZ A**
STREET ADDRESS **232 SAWYERWOOD PLACE**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **REYNOLDS, JAMES M**
STREET ADDRESS **3110 Albert Street**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **VP** ☒ Change ☐ Addition
NAME **JOHNSON, Rudolph**
STREET ADDRESS **2504 Reef Court**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Margarita Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2007 407 246-2379

Date

Daytime Phone #