


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 037 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0746149	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REYNOLDS, JAMES M 3110 ALBERT STREET ORLANDO, FL 32806		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP miller, John 715 Albertson Place ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, RUDOLPH 2504 REEF COURT ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP miller, John 715 Albertson Place ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLORES, MARGARITA 735 ALABAMA WOODS LANE ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLORES, MARGARITA 735 ALABAMA WOODS LANE ORLANDO, FL 32824	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOOKHOFF, PAZ A 232 SAWYERWOOD PLACE OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOOKHOFF, PAZ A 232 SAWYERWOOD PLACE OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	
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: <i>Margarita Flores</i>			4/58/08 407246-2379		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		