
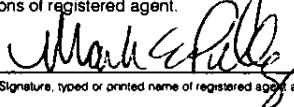
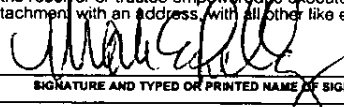


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90003 020 ****70.00

DOCUMENT # N0300001170					
1. Entity Name ORLANDO REGIONAL CORPORATE VOLUNTEER COUNCIL, INC.					
Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA UNIVERSAL ORLANDO ORLANDO, FL 32819			Mailing Address P.O. BOX 2009 ORLANDO, FL 32802		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 45-0506635	
				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			7. Name and Address of New Registered Agent		
PULLEY, MARK 1375 BUENA VISTA DRIVE LAKE BUENA VISTA, FL 32830			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 			DATE 8/30/07		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 14, 2007		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERBERENA, RAQUEL		NAME	Bell, Betsy	
STREET ADDRESS	14901 SOUTH ORANGE BOSSOM TRAIL		STREET ADDRESS	6000 Lake Ellenor Dr.	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, KAREN		NAME	Kennedy, Matt	
STREET ADDRESS	555 LAKE BORDER DRIVE		STREET ADDRESS	PO Box 10,000	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	Lake Buena Vista, FL 32830	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULLEY, MARK		NAME	ABRAHAM, Janice	
STREET ADDRESS	P.O. BOX 10000		STREET ADDRESS	9808 University Blvd	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, KEVIN		NAME	KAZIMON, JACKIE	
STREET ADDRESS	5601 WINDHOVER DRIVE		STREET ADDRESS	PO Box 10500	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Altamonte Springs, FL 32716	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDELA, POLLY		NAME		
STREET ADDRESS	1000 UNIVERSAL STUDIO PLAZA		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, SHANNON		NAME		
STREET ADDRESS	500 SOUTH ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		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: 			DATE: 8/30/07		DAYTIME PHONE #: 407-828-3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #