

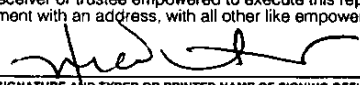


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90017 002 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N03000001170</b><br>1. Entity Name<br><b>ORLANDO REGIONAL CORPORATE VOLUNTEER COUNCIL, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>1000 UNIVERSAL STUDIOS PLAZA<br/>UNIVERSAL ORLANDO<br/>ORLANDO, FL 32819</b>   |  |   | Mailing Address<br><b>P.O. BOX 2009<br/>ORLANDO, FL 32802</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>45-0506635</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PULLEY, MARK<br/>1375 BUENA VISTA DRIVE<br/>LAKE BUENA VISTA, FL 32830</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Janice Abrew</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9888 Universal Blvd Suite 500</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32819</b> |  |
| 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 <b>7/18/08</b>  |  |
| Filing Fee is \$61.25<br>Due by September 12, 2008   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees   |  |
| Make check payable to<br>Florida Department of State   |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>BELL, BETSAY<br>6000 LAKE ELLENOR DR<br>ORLANDO, FL 32809         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | D<br>Abrew, Janice<br>9888 Universal Blvd. Suite 500<br>Orlando FL 32819   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>ROSS, KAREN<br>555 LAKE BORDER DRIVE<br>APOPKA, FL 32703         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>PULLEY, MARK<br>P.O. BOX 10000<br>LAKE BUENA VISTA, FL 32830     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>KENNEDY, MATT<br>P.O. BOX 100000<br>ORLANDO, FL 32830             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>TUDELA, POLLY<br>1000 UNIVERSAL STUDIO PLAZA<br>ORLANDO, FL 32819 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>GRAHAM, SHANNON<br>500 SOUTH ORANGE AVENUE<br>ORLANDO, FL 32801  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 <b>7/18/08</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |   | Daytime Phone # <b>402-996-6715</b>  |  |