

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

05-03-2004 91244 004 ****70.00

DOCUMENT # N03000005291

1. Entity Name
**ORANGE COUNTY SHERIFFS CITIZENS ADVISORY
COUNSEL, INC.**



Principal Place of Business
7575 DR. PHILLIPS BLVD., STE. 335
ORLANDO, FL 32819

Mailing Address
7575 DR. PHILLIPS BLVD., STE. 335
ORLANDO, FL 32819

66429642



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

75-3124865

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**UNDERWOOD, ROBERT L
5728 MAJOR BLVD., STE. 550
ORLANDO, FL 32819**

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

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME UMSTADTER, LAWRENCE
STREET ADDRESS 7575 DR. PHILLIPS BLVD., STE. 335
CITY- ST- ZIP ORLANDO, FL 32819

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

TITLE VD ☐ Delete
NAME JALLAD, JOHNNY
STREET ADDRESS 400 SOUTH PARK AVE., STE. 320
CITY- ST- ZIP WINTER PARK, FL 32790

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

TITLE SD ☐ Delete
NAME HOTALING, CHARLENE
STREET ADDRESS 450 SOUTH ORANGE AVE.
CITY- ST- ZIP ORLANDO, FL 32802

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

TITLE TD ☐ Delete
NAME CONWELL, CAROL
STREET ADDRESS 7575 DR. PHILLIPS BLVD.
CITY- ST- ZIP ORLANDO, FL 32819

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

TITLE D ☐ Delete
NAME BARRETT, LEE
STREET ADDRESS 18 WALL ST.
CITY- ST- ZIP ORLANDO, FL 32801

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

TITLE D ☐ Delete
NAME EUBANKS, BUD
STREET ADDRESS 105 E. ROBINSON ST., STE. 201
CITY- ST- ZIP ORLANDO, FL 32801

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lee Barrett, Director

Date

Daytime Phone #

4/28/04

407-839-6227