

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90262 010 \*\*\*\*61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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 _____ <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, 2005		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMSTADTER, LAWRENCE		NAME		
STREET ADDRESS	7575 DR. PHILLIPS BLVD., STE. 335		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	JALLAD, JOHNNY		NAME		
STREET ADDRESS	400 SOUTH PARK AVE., STE. 320		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTALING, CHARLENE		NAME		
STREET ADDRESS	450 SOUTH ORANGE AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWELL, CAROL		NAME		
STREET ADDRESS	7575 DR. PHILLIPS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, LEE		NAME		
STREET ADDRESS	18 WALL ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUBANKS, BUD		NAME	Ometrias Deon Long	
STREET ADDRESS	105 E. ROBINSON ST., STE. 201		STREET ADDRESS	400 South Park Ave., Ste. 150	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Winter Park, FL 32789	
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: _____			Date: 4-27-2005 Daytime Phone #: 407-839-6227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEE BARRETT, DIRECTOR					