

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90006 001 \*\*\*\*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

08222006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**75-3124865**

Applied For  
Not Applicable

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 September 6, 2006**

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

☐ Delete

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

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

☐ Delete

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

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☒ Addition  
**D  
LAWYER, IVAN  
PO BOX 793  
GOLDENROD FL 32733**

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☒ Addition  
**D  
PAGE, FRANK  
5010 WINWOOD WAY  
ORLANDO FL 32819**

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

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
DEON LONG, OMETRIAS  
400 SOUTH PARK AVE., SUITE 150  
WINTER PARK, FL 32789**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/23/06**

Date

**407-629-2131**

Daytime Phone #