

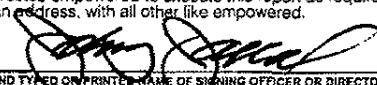


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		
4. FEI Number 75-3124865		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
UNDERWOOD, ROBERT L 5728 MAJOR BLVD., STE. 550 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD UMSTADTER, LAWRENCE 7575 DR. PHILLIPS BLVD., STE. 335 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JALLAD, JOHNNY 400 SOUTH PARK AVE., STE. 320 WINTER PARK, FL 32790	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWYER, IVAN PO BOX 793 GOLDENROD, FL 32733	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEON LONG, OMETRIAS 400 SOUTH PARK AVE., SUITE 150 WINTER PARK, FL 32789	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		