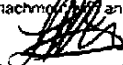


FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 041 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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 UNDERWOOD, ROBERT L 5728 MAJOR BLVD., STE. 550 ORLANDO, FL 32819			7. Name and Address of New Registered Agent 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 UNOFF: Registered Agent's signature required when renewing! DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		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	VO 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	D LAWYER, IVAN PO BOX 793 GOLDENROD, FL 32733	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGE, FRANK 5010 WINWOOD WAY ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 all other like information.					
SIGNATURE: 		L.W. Umstadter		7/10/08 401.345.0555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone Number	