2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005291

FILED Apr 28, 2009 Secretary of State

Entity Name: ORANGE COUNTY SHERIFFS CITIZENS ADVISORY COUNSEL, INC.

Current Principal Place of Business: New Principal Place of Business: 7575 DR. PHILLIPS BLVD., STE. 325 ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 7575 DR. PHILLIPS BLVD., STE. 325 ORLANDO, FL 32819 FEI Number: 75-3124865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNDERWOOD, ROBERT L 5728 MAJOR BLVD., STE. 550 ORLANDO, FL 32819 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition UMSTADTER, LAWRENCE Name: Name: 7575 DR. PHILLIPS BLVD. STE 325 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: VD () Delete Title: () Change () Addition JALLAD, JOHNNY Name: Name: Address: PO BOX 140855 Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: () Delete Title: () Change () Addition LAWYER, IVAN Name: Name: Address: PO BOX 793 Address: City-St-Zip: GOLDENROD, FL 32733 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition PAGE, FRANK Name: Name: PAGE, FRANK 5010 WINWOOD WAY 5010 WINWOOD WAY Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change () Addition BARRETT, LEE Name: Name: Address: 18 WALL ST. Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: (X) Change () Addition DEON LONG, OMETRIAS DENTON, EARLE Name: Name: Address: 400 SOUTH PARK AVE., SUITE 150 Address: 1017 FRAN PASEO DRIVE WINTER PARK, FL 32789 ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PAGE T 04/28/2009