


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 002 ****61.25

| | | | | | |
|--|-----------------------|--|---|---|--|
| DOCUMENT # N03000006989 | | | |  | |
| 1. Entity Name ALTRUSA INTERNATIONAL, INC., OF ORLANDO-WINTER PARK | | | | | |
| Principal Place of Business P.O. BOX 2972 WINTER PARK, FL 32790 | | | Mailing Address P.O. BOX 2972 WINTER PARK, FL 32790 | | |
| 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 20-0188365 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HALLIBURTON, CAROL 1050 W ROBINSON ST ORLANDO, FL | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 checked="" type="checkbox"/> Delete | TITLE | LIDA COFFMAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MYERS, ALLIE | | NAME | 12 S. LAWSONA BLVD. | |
| STREET ADDRESS | 3732 GRANT STREET | | STREET ADDRESS | ORLANDO, FL 32801 | |
| CITY-ST-ZIP | ORLANDO, FL 32812 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | CAROL THOMAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRBY, MARTHA | | NAME | 8521 BLACK MESA DR. | |
| STREET ADDRESS | 5208 PICO STREET | | STREET ADDRESS | ORLANDO, FL 32828 | |
| CITY-ST-ZIP | ORLANDO, FL 32817 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SHARON BLAKE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLOY, CHERYL | | NAME | 4432 LITTLE WATER ST. | |
| STREET ADDRESS | 316 HINSDALE DR. | | STREET ADDRESS | ORLANDO, FL 32817 | |
| CITY-ST-ZIP | DEBARY, FL 32713 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | MARTHA KIRBY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, LINDA | | NAME | 5208 PICO STREET | |
| STREET ADDRESS | 3034 CRYSTAL OAK CT | | STREET ADDRESS | ORLANDO, FL 32817 | |
| CITY-ST-ZIP | ORLANDO, FL 32806 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | MARY KAY CHESTER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEDIK, TONI | | NAME | 727 DARTMOUTH STREET | |
| STREET ADDRESS | 2467 MIDDLETON AVE | | STREET ADDRESS | ORLANDO, FL 32804 | |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOBIN, PATRICIA | | NAME | | |
| STREET ADDRESS | 2105 ANDERSON PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | | CITY-ST-ZIP | | |
| 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: <i>Synda M. Wright</i> | | | Date: 4/27/08 | | Daytime Phone #: 407-428-4810 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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