2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007770

FILED Jan 28, 2009 Secretary of State

Entity Name: ORLANDO REEF CARETAKERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

281 ADELAIDE STREET 596 LEGACY PARK DRIVE DEBARY, FL 32713 CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

281 ADELAIDE STREET 596 LEGACY PARK DRIVE DEBARY, FL 32713 CASSELBERRY, FL 32707

FEI Number: 42-1642051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDOUGALL, PAMELA J TREAS

1504 LUND AVE

KISSIMMEE, FL 34744 US

CLEMENTS, JON TREAS
596 LEGACY PARK DRIVE
CASSELBERRY, FL 32707 US

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: JON CLEMENTS 01/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: PRES (X) Change () Addition

 Name:
 KANTZ, MATHÉW
 Name:
 ALEXANDER, TERRY

 Address:
 281 ADELAIDE ST
 Address:
 2961 HARPER STREET

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:
 DELTONA, FL 32738

Title: V () Delete Title: VICE (X) Change () Addition Name: WORTLEY, RAY WORTLEY, RAY

Address: 10212 MATCHLOCK Address: 10212 MATCHLOCK City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821

Title: S () Delete Title: TREA (X) Change () Addition Name: KANTZ, MELISSA Name: CLEMENTS, JON

 Address:
 281 ADELAIDE ST
 Address:
 596 LEGACY PARK DRIVE

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:
 CASSELBERRY, FL 32707

Title: T () Delete Title: SECR (X) Change () Addition

 Name:
 MCDOUGALL, PAMELA J
 Name:
 SOLOMON, JOSHUA

 Address:
 1504 LUND AVE
 Address:
 924 SYKES COURT

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 ORLANDO, FL 32828

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: JON CLEMENTS TREA 01/28/2009