

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90126 042 ****61.25

DOCUMENT # N04000009153					
1. Entity Name OAKLAND PARK FOUNDATION, INC.					
Principal Place of Business 940 TILDENVILLE SCHOOL ROAD WINTER GARDEN, FL 34787			Mailing Address 940 TILDENVILLE SCHOOL ROAD WINTER GARDEN, FL 34787		
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 20-5202812
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVENUE SUITE 1000 (DTO) ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME RINEHART, JOHN F STREET ADDRESS 940 TILDENVILLE ROAD CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE 15241 E. Oakland Ave NAME 15241 E. Oakland Ave STREET ADDRESS 15241 E. Oakland Ave CITY-ST-ZIP 15241 E. Oakland Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME O'KEEFE, DANIEL T STREET ADDRESS 300 S. ORANGE AVENUE #1000 CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE D NAME D STREET ADDRESS 15241 E. Oakland Ave. CITY-ST-ZIP 15241 E. Oakland Ave.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME HENNEN, ROBERT R STREET ADDRESS 940 TILDENVILLE ROAD CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE VD NAME Neal Harris STREET ADDRESS 11392 Lake Butler Blvd. CITY-ST-ZIP Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST D NAME Julie Kleffel STREET ADDRESS 13207 W. Colonial Dr. CITY-ST-ZIP Winter Garden, FL 34787	<input type="checkbox"/> Delete		TITLE D NAME Angela Amadore STREET ADDRESS 1000 Legion Place, Suite 1250 CITY-ST-ZIP Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 an address with all other like empowered.					
SIGNATURE: JOHN RINEHART 4/19/08 407 905 5667					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					