

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002667

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** THE WEST ORANGE FOUNDATION, INC.

**Current Principal Place of Business:**

221 S. BOYD STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 751  
OAKLAND, FL 34760

**New Mailing Address:**

**FEI Number:** 86-1164395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRALAND, DAVID D  
221 S. BOYD STREET  
WINTER GARDEN, FL 34787 US

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

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:**

Title: VP ( ) Delete  
Name: BRALAND, DAVID D  
Address: 221 S. BOYD STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: P ( ) Delete  
Name: CAPPLEMAN, JOHN  
Address: 5413 WEST LAKE BUTLER ROAD  
City-St-Zip: WINTER GARDEN, FL 34786

Title: VP ( ) Delete  
Name: CARTER, JIM  
Address: 1601 FULLERS CROSS ROAD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete  
Name: JENSEN, JOYCE  
Address: 4 WINTERS LANDING DRIVE  
City-St-Zip: OAKLAND, FL 34760

Title: VP ( ) Delete  
Name: SMITH, TIM  
Address: 1625 S. BEULAH ROAD  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOHN M CAPPLEMAN

P

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date