2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000004315

1. Entity Name
ORANGE COLINTY FLORIDA COMMUNICATIONS



04-28-2008 90341 049 ****61.25

FILED

Apr 28, 2008 8:00 am Secretary of State

AUXILIARY, INC.									
Principal Plac 6600 AMORY WINTER PAR	Y CT.	6600	Address AMORY CT. ER PARK, FL 327	92			2111 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211 - 2211	840 iribi albak dir	
2. Principal P	lace of Business - No P.O. Box #	3. Mail	ing Address	a-lakes	Risa				
Suite, Apt. #, etc.			2550 Rio Pinar Lakes Blud Suite, Apt. #, etc.			04242008 Cr	ig-NP CR2E00	37 (12/06)	
City & State	e		y & State,	FL		4. FEI Number NOT APPLI	CABLE	<u> </u>	plied For ot Applicable
Zip	Country	Zip		Country Orange		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registere	d Agent			7. Name and Add	ress of New Registered	Agent -	
JOHNSON, NEIL 2550 RIO PINAR LAKES BLVD					Name Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32822									
	•	v		City			FL	Zip Code	e
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	Signature, typed or printed name of registered agent	and title if appl	licable. (NOTI	E. Registered Agent signat	ure required	when reinstating)	DATE	 	
Filing Fee Is \$61.25 Due by May 1, 2008			Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State			
10.	OFFICERS AND DI	RECTORS		11.	, , ,	ADDITIONS/CHANGE	S TO OFFICERS AND DI		10
TITLE NAME STREET ADDRESS	TD HARRELSON, RICHARD 2883 WILLOW BAY TERRACE		⊠ Delele	TITLE NAME STREET ADDRESS	D Kn \$33	ott, Joh Grenad	n dier Drive	Change	Addition
CITY-ST-ZIP	CASSELBERRY, FL 32707			CITY · ST · ZIP	011	ando , FL	32807		
NAME STREET ADDRESS CITY+ST-ZIP	DP SWEENEY, STEVEN 5724 CORTEZ DR. ORLANDO, FL 32808		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, NEIL 2550 RIO PINAR LAKES BLVD.		Delete .	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONROE, LAWRENCE 7572 CHARLIN PARKWAY ORLANDO, FL 32822		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS	T KRONENWETTER, PAUL		☐ Delete	TITLE NAME				☐ Change	Addition

12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

DITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CASSELBERRY, FL 32707

WINTER PARK, FL 32792

BOYER, STANLEY

2128 LINDEN RD.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Weil P. Johnson Neil P. Johnson SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

■ Addition