2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000006119

Entity Name: ORANGE EDUCATION SUPPORT PROFESSIONALS ASSOCIATION, INC.

Current Principal Place of Business:

1020 WEBSTER AVENUE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1020 WEBSTER AVENUE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-4935391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STRICKLAND, RUBY
1020 WEBSTER AVENUE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HUMPHREYS, WILLIAM
1020 WEBSTER AVENUE
ORLANDO, FL 32804 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: WILLIAM HUMPHREYS 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRICKLAND, RUBY
Address: 1020 WEBSTER AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: ST ( ) Delete
Name: HUMPHREYS, WILLIAM
Address: 5423 CHENAULT AVE.
City-St-Zip: ORLANDO, FL 32839

Title: V ( ) Delete
Name: ANDERSON, YOLANDA
Address: 914 CHARLES ST
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete
Name: HOLMES, FLORENCE
Address: 4881 GEORGETOWN DR.
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete
Name: MUCHETTI, DIANE
Address: 1912 SEPLER DR.
City-St-Zip: FERN PARK, FL 32730

Title: V ( ) Delete
Name: BARKER, FRANCES
Address: 7615 NECTAR DR.
City-St-Zip: ORLANDO, FL 32819

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:

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: RUBY STRICKLAND P 04/15/2009
Electronic Signature of Signing Officer or Director Date