

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011328

Entity Name: ORLANDO K-LIFE, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

11104 LAKE BUTLER BLVD  
WINDERMERE, FL 34786

## New Principal Place of Business:

## Current Mailing Address:

1353 LAKESHORE DR  
BRANSON, MO 65616

## New Mailing Address:

FEI Number: 20-5792210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: STEVE AND JEANINE, HAMMOND  
Address: 11104 LAKE BUTLER BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: M ( ) Delete  
Name: CHUCK AND ANGIE, ROSS  
Address: 2139 KANE PARKWAY  
City-St-Zip: WINDERMERE, FL 34786

Title: M ( ) Delete  
Name: CURTIS AND KRISTIN, WAGNER  
Address: 1448 KELSO BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: M ( ) Delete  
Name: EUGENE AND NANCY, REX  
Address: 11518 WILLOW GARDENS DR  
City-St-Zip: WINDERMERE, FL 34786

Title: M ( ) Delete  
Name: KEVIN AND SUSAN, HAMMOCK  
Address: 9781 CAMBERLEY CIR  
City-St-Zip: ORLANDO, FL 32836

Title: M ( ) Delete  
Name: KRIS AND LAURA, CREEDEN  
Address: 17550 COBBLESTONE LN  
City-St-Zip: CLERMONT, FL 34711

## 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: S (X) Change ( ) Addition  
Name: BRAD AND NANCY, REX  
Address: 11518 WILLOW GARDENS DR  
City-St-Zip: WINDERMERE, FL 34786

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: KYLE UNRUH

EOFF

04/14/2009

Electronic Signature of Signing Officer or Director

Date