2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N07000008356

Entity Name: THE ORION FOUNDATION OF NORTH PORT, INC.

Current Principal Place of Business:

3506 CULPEPPER TERRACE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3506 CULPEPPER TERRACE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 77-0699687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREMER, UWE J
3506 CULPEPPER TERRACE
NORTH PORT, FL 34286 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: DP ( ) Delete
Name: BREMER, CAROLINE R
Address: 3506 CULPEPPER TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: DVP ( ) Delete
Name: HICKS, VICTORIA
Address: 125 HOLLY RESERVE PARKWAY
City-St-Zip: CLINTON, GA 30114

Title: DS ( ) Delete
Name: THURMOND, JOANNE
Address: 17030 NORTH 49TH ST 1038
City-St-Zip: SCOTTSDALE, AR 85254

Title: DT ( ) Delete
Name: HINGER, NATALIE
Address: 4731 EGRET ROAD
City-St-Zip: VENICE, FL 34293

Title: DA ( ) Delete
Name: HICKS, GEORGE
Address: 125 HOLLY RESERVE PARKWAY
City-St-Zip: CLINTON, GA 30114

Title: DA ( ) Delete
Name: THURMOND, JAMES
Address: 17030 NORTH 49TH ST 1038
City-St-Zip: SCOTTSDALE, AR 85254

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: CAROLINE R. BREMER DP 03/17/2009

Electronic Signature of Signing Officer or Director — Date