

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005767

FILED  
Jul 30, 2009  
Secretary of State

**Entity Name:** THE ORANGE COUNTY, FLORIDA COMMUNICATIONS AUXILIARY FOUNDATION, INC.

**Current Principal Place of Business:**

6600 AMORY CT.  
WINTER PARK, FL 32792

**New Principal Place of Business:**

6600 AMORY CT.  
OCCA (ARES) RADIO ROOM  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

6600 AMORY CT.  
WINTER PARK, FL 32792

**New Mailing Address:**

2550 RIO PINAR LAKES BLVD  
ORLANDO, FL 32822 US

**FEI Number:** 26-2796742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JOHNSON, NEIL  
2250 RIO PINAR LAKES BLVD.  
ORLANDO, FL 32822 US

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

JOHNSON, NEIL P  
2250 RIO PINAR LAKES BLVD.  
ORLANDO, FL 32822 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: NEIL P JOHNSON

07/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KRONENWETTER, PAUL  
Address: 2830 WILLOW BAY TER  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: BOYER, STANLEY  
Address: 2128 LINDEN RD.  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: VOISIN, JACQUES  
Address: 1613 CHRISTY AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: PD ( ) Change (X) Addition  
Name: EMERGENCY COORDINATOR  
Address: 5724 CORTEZ DRIVE  
City-St-Zip: ORLANDO, FL 32808 US

Title: TD ( ) Change (X) Addition  
Name: ASST EMERGENCY COORDINATOR, ADMINISTRATION  
Address: 2550 RIO PINAR LAKES BLVD  
City-St-Zip: ORLANDO, FL 32822 US

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: NEIL P JOHNSON, ASST EMERGENCY COORD ADMIN TD

07/30/2009

Electronic Signature of Signing Officer or Director

Date