

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005767

FILED
May 14, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2550 RIO PINAR LAKES BLVD
ORLANDO, FL 32822 US

New Mailing Address:

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 P
2250 RIO PINAR LAKES BLVD.
ORLANDO, FL 32822 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: D
Name: KRONENWETTER, PAUL
Address: 2830 WILLOW BAY TER
City-St-Zip: CASSELBERRY, FL 32707

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

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

Title: PD
Name: EMERGENCY COORDINATOR
Address: 5724 CORTEZ DRIVE
City-St-Zip: ORLANDO, FL 32808 US

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

I hereby 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 all other like empowered.

SIGNATURE: NEIL P. JOHNSON

TD

05/14/2010

Electronic Signature of Signing Officer or Director

Date