

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008995

FILED  
Sep 02, 2009  
Secretary of State

**Entity Name:** ORLANDO CADET SQUADRON BOOSTER, INC.

**Current Principal Place of Business:**

11357 MOONSHINE CIRCLE  
ORLANDO, FL 32825

**New Principal Place of Business:**

11357 MOONSHINE CREEK CIRCLE  
ORLANDO, FL 32825

**Current Mailing Address:**

11357 MOONSHINE CIRCLE  
ORLANDO, FL 32825

**New Mailing Address:**

11357 MOONSHINE CREEK CIRCLE  
ORLANDO, FL 32825

**FEI Number:** 26-3496970 **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:**

ORNDOFF, YOLANDA  
1227 FLOWERS POINTE LANE  
ORLANDO, FL 32825 US

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

WARD, ROBERT L  
11357 MOONSHINE CREEK CIRCLE  
ORLANDO, FL 32825 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: ROBERT L WARD

09/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARD, ROBERT  
Address: 11357 MOONSHINE CIRCLE  
City-St-Zip: ORLANDO, FL 32825

Title: V ( ) Delete  
Name: WARD, CYNTHIA  
Address: 11357 MOONSHINE CIRCLE  
City-St-Zip: ORLANDO, FL 32825

Title: T (X) Delete  
Name: STEWART, JOHN  
Address: 6310 PIKETON STREET  
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete  
Name: ORNDOFF, YOLANDA  
Address: 1227 FLOWERS POINTE LANE  
City-St-Zip: ORLANDO, FL 32825

Title: S (X) Delete  
Name: PETO, JAMES  
Address: 200 AVENUE K SE #144  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WARD, ROBERT  
Address: 11357 MOONSHINE CREEK CIRCLE  
City-St-Zip: ORLANDO, FL 32825

Title: V (X) Change ( ) Addition  
Name: WARD, CYNTHIA  
Address: 11357 MOONSHINE CREEK CIRCLE  
City-St-Zip: ORLANDO, FL 32825

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: ROBERT L WARD

P

09/02/2009

Electronic Signature of Signing Officer or Director

Date