2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N23783

Entity Name: ORLANDO CARNIVAL ASSOCIATION, INC.

Current Principal Place of Business:

1828 COLUMBINE DR
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680945
ORLANDO, FL 328680945

New Mailing Address:

FEI Number: 59-2776939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MERVYN
1828 COLUMBINE DR
ORLANDO, FL 32818 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:	JOHNSON, MERVYN R	
Address:	1828 COLUMBINE DR	
City-St-Zip:	ORLANDO, FL 32818 US	
Title:	T	( ) Delete
Name:	ALLMAN, MICHELLE E	
Address:	8058 VILLAGE GREEN ROAD	
City-St-Zip:	ORLANDO, FL 32818	
Title:	VP	( ) Delete
Name:	CHANDLER, GLORIA M	
Address:	1828 COLUMBINE DR	
City-St-Zip:	ORLANDO, FL 32808	
Title:	S	( ) Delete
Name:	O'CONNOR, JULIA	
Address:	2618 GRASSMERE LANE	
City-St-Zip:	ORLANDO, FL 32818	
Title:	PRM	( ) Delete
Name:	MAHADEO, CARL	
Address:	3218 CASTLE OAK AVENUE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	AT	( ) Delete
Name:	BRIZAN, MAUREEN	
Address:	4732 BEACON STREET	
City-St-Zip:	ORLANDO, FL 32808	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	ALLMAN, MICHELLE E	
Address:	8070 VILLAGE GREEN ROAD	
City-St-Zip:	ORLANDO, FL 32818	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	KING, MARILYN	
Address:	14 WHITE MARSH CIRCLE	
City-St-Zip:	ORLANDO, FL 32824	
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: MICHELLE E. ALLMAN T 04/30/2008

Electronic Signature of Signing Officer or Director — Date