

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90091 013 ****75.00

DOCUMENT # N26646

1. Entity Name

WEST ORANGE COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

830 KLONDIKE ST.
WINTER GARDEN FL 34787
US

1089 N. CIRCLE COURT
WINTER GARDEN FL 34787
OR

2. Principal Place of Business

3. Mailing Address

1089 N. Circle Ct

1089 N. Circle Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Garden FL

Winter Garden FL

Zip

Country

Zip

Country

34787

Orange

34787

Orange

6. Name and Address of Current Registered Agent

4. FEI Number 59-2932125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

City

FL

Zip Code

DIXON, MILDRED L
1089 N. CIR. CT.
WINTER GARDEN FL 34787

Mildred L. Dixon
1089 North Circle Court
Winter Garden

34181

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mildred L. Dixon

(NOTE: Registered Agent signature required when reinstating)

DATE

September 9-03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIXON, MILDRED L	
STREET ADDRESS	1089 N. CIR. COURT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALSTON, THOMAS N	
STREET ADDRESS	400 W. CHURCH STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, SCHARLIE M	
STREET ADDRESS	1007 STACKI TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	Jocelyn Smith	<input type="checkbox"/> Delete
NAME	Jocelyn Smith	
STREET ADDRESS	1155 Mayday Drive	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jocelyn Smith	
STREET ADDRESS	1155 Mayday Drive	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred L. Dixon 9-9-03

Date

Daytime Phone

CP2E037 (4/03)

0016612