

**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

0016612

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**

4. FEI Number **59-2932125** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Mildred L. Dixon**
Street Address (P.O. Box Number Not Acceptable): **1089 North Circle Court**
City: **Winter Garden** State: **FL** Zip Code: **34787**

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** DATE: **September 9-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 Mayley 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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** **Mildred L. Dixon 9-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E037 (4/03)