2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N37027

Entity Name: ORLANDO SCHOLARSHIP ORGANIZATION, INC.

Current Principal Place of Business:

18238 THORNHILL GRAND CIRCLE
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

18238 THORNHILL GRAND CIRCLE
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 59-3000428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, CHRISTINE
18238 THORNHILL GRAND CIR
ORLANDO, FL 32820 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: CEOD ( ) Delete
Name: MILLER, JEAN
Address: 961 WEDGEWOOD DR N
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: EDT ( ) Delete
Name: DAVID, CHRISTINE
Address: 18238 THORNHILL GRAND CIR
City-St-Zip: ORLANDO, FL 32820 US

Title: DS ( ) Delete
Name: QUINLAN, SHARON
Address: P.O. BOX 5612
City-St-Zip: WINTER PARK, FL 32793

Title: D ( ) Delete
Name: MCRIGHT, JAN
Address: 3716 BRADLEY AVE
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: WHEATON, MARY
Address: 1861 ASTOR DR
City-St-Zip: WINTER PARK, FL 32792 US

Title: D ( ) Delete
Name: TURNIPSEE, DARBY
Address: 2518 SANDY LANE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE DAVID ED 04/21/2009
Electronic Signature of Signing Officer or Director Date