


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 035 ****70.00

DOCUMENT # N40211		
1. Entity Name ORANGE BELT USBC ASSOCIATION, INC.		

Principal Place of Business 4220 SHADY OAK DR W LAKELAND, FL 33810 US	Mailing Address 4220 SHADY OAK DR W LAKELAND, FL 33810 US
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50025816



08192006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business 1820 Bedivere St	3. Mailing Address 1820 Bedivere St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND, FL	City & State LAKELAND, FL
Zip 33813	Country USA
Country USA	Zip 33813

4. FEI Number 59-3038236 56-2596691	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOMINE, DAVID 4220 SHADY OAK DR W LAKELAND, FL 33810	7. Name and Address of New Registered Agent Name Collins, FRANK D. Street Address (P.O. Box Number is Not Acceptable) 1820 Bedivere St. City LAKELAND FL Zip Code 33813
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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 Frank D. Collins, Mgr. FRANK D. Collins, Mgr. 8-18-06	DATE

Filing Fee is \$61.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUCETTE, EDDIE 5710 STRATFORD LN LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, MIKE 1123 WALT WHITMAN RD. LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, DON 535 E. LK BONNY DR. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKLAND, DEWEY 3107 AVENUE T NW WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURTO, DAVID 5005 MANATEE AVE SEBRING, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, DON 535 E. L. BONNIE DR LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADLEY, MARY ELLEN 355 E. CUMMINGS ST. LAKE ALFRED, FL 33850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, MIKE 2034 EDENFIELD PLACE #45 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRBSCHUK, JERRIE 306 LAKE DR. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOMINE, DAVID 4220 SHADY OAK DRIVE WEST LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Collins, FRANK D. 1820 Bedivere St LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank D. Collins Mgr. FRANK D. Collins, Manager 8/18/06 863-607-6377	DATE



ATTACHMENT
50025816
#N40211 Date

I n f o r m a t i o n

Date of this notice: 07-12-2006

Employer Identification Number:
56-2596691

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 56-2596691. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941

07/31/2006

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)