


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90036 023 ****61.25

DOCUMENT # N40211 1. Entity Name ORANGE BELT USBC ASSOCIATION, INC.																																																																																																																																													
Principal Place of Business 1820 BEDIVERE ST LAKELAND, FL 33813 US			Mailing Address 1820 BEDIVERE ST LAKELAND, FL 33813 US																																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																											
City & State		City & State																																																																																																																																											
Zip	Country	Zip	Country																																																																																																																																										
6. Name and Address of Current Registered Agent COLLINS, FRANK D 1820 BEDIVERE ST. LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>DOUCETTE, EDDIE</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5710 STRATFORD LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>MITCHELL, DON</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>535 E. LK BONNY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>MURTO, DAVE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5005 MANATEE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33870</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>WADLEY, MARY ELLEN</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>355 E. CUMMINGS ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE ALFRED, FL 33850</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>GRESCHUK, JERRIE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>306 LAKE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>MGR COLLINS, FRANK D</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1820 BEDIVERE ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td>VP BURNS Tom. LGE</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4205 old Hwy 37 #3</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	DOUCETTE, EDDIE	<input checked="" type="checkbox"/>	STREET ADDRESS	5710 STRATFORD LN		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	NAME	Delete	NAME	MITCHELL, DON	<input type="checkbox"/>	STREET ADDRESS	535 E. LK BONNY DR.		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	NAME	Delete	NAME	MURTO, DAVE	<input type="checkbox"/>	STREET ADDRESS	5005 MANATEE AVE		CITY-ST-ZIP	SEBRING, FL 33870		TITLE	NAME	Delete	NAME	WADLEY, MARY ELLEN	<input type="checkbox"/>	STREET ADDRESS	355 E. CUMMINGS ST.		CITY-ST-ZIP	LAKE ALFRED, FL 33850		TITLE	NAME	Delete	NAME	GRESCHUK, JERRIE	<input type="checkbox"/>	STREET ADDRESS	306 LAKE DR.		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	NAME	Delete	NAME	MGR COLLINS, FRANK D	<input type="checkbox"/>	STREET ADDRESS	1820 BEDIVERE ST		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	NAME	Change	Addition	NAME	VP BURNS Tom. LGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	4205 old Hwy 37 #3			CITY-ST-ZIP	LAKELAND, FL 33813			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																																																																																																																																											
NAME	DOUCETTE, EDDIE	<input checked="" type="checkbox"/>																																																																																																																																											
STREET ADDRESS	5710 STRATFORD LN																																																																																																																																												
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																																												
TITLE	NAME	Delete																																																																																																																																											
NAME	MITCHELL, DON	<input type="checkbox"/>																																																																																																																																											
STREET ADDRESS	535 E. LK BONNY DR.																																																																																																																																												
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																																												
TITLE	NAME	Delete																																																																																																																																											
NAME	MURTO, DAVE	<input type="checkbox"/>																																																																																																																																											
STREET ADDRESS	5005 MANATEE AVE																																																																																																																																												
CITY-ST-ZIP	SEBRING, FL 33870																																																																																																																																												
TITLE	NAME	Delete																																																																																																																																											
NAME	WADLEY, MARY ELLEN	<input type="checkbox"/>																																																																																																																																											
STREET ADDRESS	355 E. CUMMINGS ST.																																																																																																																																												
CITY-ST-ZIP	LAKE ALFRED, FL 33850																																																																																																																																												
TITLE	NAME	Delete																																																																																																																																											
NAME	GRESCHUK, JERRIE	<input type="checkbox"/>																																																																																																																																											
STREET ADDRESS	306 LAKE DR.																																																																																																																																												
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																																												
TITLE	NAME	Delete																																																																																																																																											
NAME	MGR COLLINS, FRANK D	<input type="checkbox"/>																																																																																																																																											
STREET ADDRESS	1820 BEDIVERE ST																																																																																																																																												
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																																												
TITLE	NAME	Change	Addition																																																																																																																																										
NAME	VP BURNS Tom. LGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																										
STREET ADDRESS	4205 old Hwy 37 #3																																																																																																																																												
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																																												
TITLE	NAME	Change	Addition																																																																																																																																										
NAME		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																										
STREET ADDRESS																																																																																																																																													
CITY-ST-ZIP																																																																																																																																													
TITLE	NAME	Change	Addition																																																																																																																																										
NAME		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																										
STREET ADDRESS																																																																																																																																													
CITY-ST-ZIP																																																																																																																																													
TITLE	NAME	Change	Addition																																																																																																																																										
NAME		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																										
STREET ADDRESS																																																																																																																																													
CITY-ST-ZIP																																																																																																																																													
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: <u>Frank D. Collins</u> FRANK D. COLLINS 1-4-08 863-607-6377 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																													