2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N40211

Entity Name: ORANGE BELT USBC ASSOCIATION, INC.

Current Principal Place of Business:

1820 BEDIVERE ST
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

1820 BEDIVERE ST
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 56-2596691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, FRANK D
1820 BEDIVERE ST.
LAKELAND, FL 33813 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:	VP	( ) Delete
Name:	BURNS, TOMI L	
Address:	4205 OLD HWY 37 #3	
City-St-Zip:	LAKELAND, FL 33813	
Title:	VP	( ) Delete
Name:	MITCHELL, DON	
Address:	535 E. LK BONNY DR.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	VP	( ) Delete
Name:	MURTO, DAVE	
Address:	5005 MANATEE AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	VP	( ) Delete
Name:	WADLEY, MARY ELLEN	
Address:	355 E. CUMMINGS ST.	
City-St-Zip:	LAKE ALFRED, FL 33850	
Title:	P	( ) Delete
Name:	GRESCHUK, JERRIE	
Address:	306 LAKE DR.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGR	( ) Delete
Name:	COLLINS, FRANK D	
Address:	1820 BEDIVERE ST	
City-St-Zip:	LAKELAND, FL 33813	

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: FRANK D. COLLINS MGR 03/25/2009
Electronic Signature of Signing Officer or Director — Date