

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43930

FILED
Mar 27, 2006
Secretary of State

Entity Name: ALTRUSA INTERNATIONAL OF ORLANDO-WINTER PARK FOUNDATION, INC.

Current Principal Place of Business:

4118 SALMON DRIVE
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2972
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-3072827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETSY, SUSHINSKY
4118 SALMON DRIVE
ORLANDO, FL 32835 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: D () Delete
Name: FINLEY, ELIZABETH
Address: 808 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 328046890

Title: TD () Delete
Name: CHONODY, KATHY A
Address: 1530 MIZELL AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Delete
Name: WOLFORD, PEGGY
Address: 1424 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32752 US

Title: D () Delete
Name: HALLIBURTON, CAROL
Address: 4388-D LAKE UNDERHILL RD
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: ROE, ALLIE
Address: 3732 GRANT STREET
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: NELSON, JUDY
Address: 13308 FAIRWAY POINTE RD
City-St-Zip: ORLANDO, FL 32828 US

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
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Title: () Change () Addition
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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 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: KATHY CHONODY

TD

03/27/2006

Electronic Signature of Signing Officer or Director

Date