

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90099 024 ****61.25

DOCUMENT # N43930 1. Entity Name ALTRUSA INTERNATIONAL OF ORLANDO-WINTER PARK FOUNDATION, INC.					
Principal Place of Business 4118 SALMON DRIVE ORLANDO, FL 32835 US			Mailing Address PO BOX 2972 WINTER PARK, FL 32790 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	4. FEI Number 59-3072827	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BETSY, SUSHINSKY 4118 SALMON DRIVE ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	Treasurer Director ☐ Change ☒ Addition	
NAME	FINLEY, ELIZABETH		NAME	ANITA HOPE	
STREET ADDRESS	808 EDGEWATER DRIVE		STREET ADDRESS	2210 CHICPEWA TRAIL	
CITY-ST-ZIP	ORLANDO, FL 328046890		CITY-ST-ZIP	Maitland, FL 32751	
TITLE	TD ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	CHONODY, KATHY A		NAME		
STREET ADDRESS	1530 MIZELL AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WOLFORD, PEGGY		NAME		
STREET ADDRESS	1424 PELICAN BAY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32752		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HALLIBURTON, CAROL		NAME		
STREET ADDRESS	4388-D LAKE UNDERHILL RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	Director ☐ Change ☐ Addition	
NAME	ROE, ALLIE		NAME	ROBERTA KLUSMEIER	
STREET ADDRESS	3732 GRANT STREET		STREET ADDRESS	843 Towering Oak way	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D ☒ Delete		TITLE	Director ☐ Change ☒ Addition	
NAME	NELSON, JUDY		NAME	Barbara Brown	
STREET ADDRESS	13308 FAIRWAY POINTE RD		STREET ADDRESS	1502 Truewood Lane	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	WINTER PARK, FL 32730	
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: <i>Anita L. Hope</i> ANITA L. HOPE			5/8/07 321-207-3669		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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