# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2005**
**Secretary of State**

DOCUMENT# N48711

**Entity Name:** ORANGE COUNTY RESERVE FIREFIGHTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6590 AMORY CT.
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5879
WINTER PARK, FL 327935879

**New Mailing Address:**

**FEI Number: 59-3161289** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, BERNARD A
3815 MARTIN ST.
ORLANDO, FL 32806 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: PD ( ) Delete
Name: ANDERSON, ANDY
Address: 3815 MARTIN STREET
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete
Name: GILBERT, RAY
Address: 15816 OAKLAND CT.
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: HIRSCHINGER, STEVEN A
Address: 601 S LAKEWOOD AVE
City-St-Zip: OCOEE, FL 34761

Title: SD ( ) Delete
Name: CODERRE, MARTIN W
Address: 7727 RANGE DR,
City-St-Zip: ORLANDO, FL 32810

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDY ANDERSON PRES 01/05/2005

Electronic Signature of Signing Officer or Director — Date