## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48711

FILED Apr 20, 2006 Secretary of State

Entity Name: ORANGE COUNTY RESERVE FIREFIGHTERS ASSOCIATION, INC.

		1 COOKITY RECEIVE TIME!	OTTERO AGGGGIA	11011, 1110.		
Current Principal Place of Business:				New Principal Place of Business:		
6590 AMOI WINTER P	RY CT. ARK, FL 3279	92				
Current Ma	ailing Addres	ss:	New Mai	New Mailing Address:		
P.O. BOX 5 WINTER P	5879 ARK, FL 3279	935879				
FEI Number: 59-3161289 FEI Number Applied For ( ) FEI I			FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name an	d Address of	New Registered Agent:	
ANDERSON, BERNARD A 3815 MARTIN ST. ORLANDO, FL 32806 US			3121 HAF	HIRSCHINGER, STEVEN A 3121 HARVEST LANE KISSIMMEE, FL 34744 US		
The above in the State		submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATURE: STEVEN HIRSCHINGER				04/20/2006		
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICERS	AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ANDERSON, A 3815 MARTIN ORLANDO, FL	STREET	Title: Name: Address: City-St-Zip:		) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( GILBERT, RAY 15816 OAKLA CLERMONT, F	ND CT.	Title: Name: Address: City-St-Zip:	O'NEIL, DOUG 11727 OXFOR	RDSHIRE PLACE	
Title: Name: Address: City-St-Zip:	TD ( HIRSCHINGER 601 S LAKEWO OCOEE, FL 34	DOD AVE	Title: Name: Address: City-St-Zip:		) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( CODERRE, MA 7727 RANGE D ORLANDO, FL	PR,	Title: Name: Address: City-St-Zip:		) Change ( ) Addition	

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: STEVEN HIRSCHINGER TD 04/20/2006