
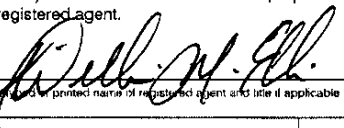


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 017 \*\*\*\*70.00

<b>DOCUMENT # N48711</b> 1. Entity Name <b>ORANGE COUNTY RESERVE FIREFIGHTERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6590 AMORY CT. WINTER PARK, FL 32792</b>			Mailing Address <b>P.O. BOX 5879 WINTER PARK, FL 32793-5879</b>		
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		Country		4. FEI Number <b>59-3161289</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HIRSCHINGER, STEVEN A 3121 HARVEST LANE KISSIMMEE, FL 34744</b>				7. Name and Address of New Registered Agent Name <b>WILLIAM ELLIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>14031 ZEPHERMOOR LN</b> City <b>WINTER GARDEN</b> FL <b>34787</b>	
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  <span style="float: right;">11 Apr 2007</span> <small>Signature of registered agent and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ANDY 3815 MARTIN STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUG O'NEIL 11727 OXFORDSHIRE PLACE ORLANDO FL 32829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEIL, DOUG 11727 OXFORDSHIRE PLACE ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALT HOWELL 221 EAST PRINCE ST. ORLANDO FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIRSCHINGER, STEVEN A 601 S LAKEWOOD AVE OCOEEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM ELLIS 14031 ZEPHERMOOR LN WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CODERRE, MARTIN W 7727 RANGE DR. ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			TREASURER <span style="float: right;">11 Apr 2007 407-701-7455</span> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		