

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90045 008 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N94000004874</b>  |   |  |  |   |  |
| <b>1. Entity Name</b><br>WEST ORANGE COMMITTEE OF ONE HUNDRED AND ONE, INC.   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>12184 WEST COLONIAL DRIVE<br>WINTER GARDEN, FL 34787  |   |  | <b>Mailing Address</b><br>12184 WEST COLONIAL DRIVE<br>WINTER GARDEN, FL 34787   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  | 03122008    Chg-NP    CR2E037 (12/06)                       |  |
| Zip   |   | Country  |  | <b>4. FEI Number</b><br>59-3576757                          |  |
|   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable      |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>COMPTON, KRISTA<br>12184 WEST COLONIAL DR<br>WINTER GARDEN, FL 34787  |   |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
|   |   |  | Name   |   |  |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|   |   |  | City   |   |  |
|   |   |  | FL    Zip Code   |   |  |
| <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.</b>  |   |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                          |  |
|   |   |  |  | Make check payable to<br><b>Florida Department of State</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TSD<br>KLEFFEL, JULIE<br>13207 W COLONIAL DR<br>WINTER GARDEN, FL 34787<br><input type="checkbox"/> Delete              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PP<br>NEUMAYER, JAMES<br>860 MARY'S PARK PLACE<br>WINTER GARDEN, FL 34787<br><input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GOVID, PAM<br>10000 WEST COLONIAL DR<br>OCOE, FL 34761<br><input checked="" type="checkbox"/> Delete               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | President<br>Russ Salerno<br>3378 Edgewater Dr.<br>Orlando, FL 32804<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | Treasurer<br>John Murphy<br>10239 Trout Rd.<br>Orlando, FL 32836<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  |   |  |
| Russ Salerno, President 3/13/08    407-620-0462   |   |  |  |   |  |
| Date    Daytime Phone #   |   |  |  |   |  |