

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004874

FILED
Jan 05, 2009
Secretary of State

Entity Name: WEST ORANGE COMMITTEE OF ONE HUNDRED AND ONE, INC.

Current Principal Place of Business:

12184 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

12184 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3576757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, KRISTA
12184 WEST COLONIAL DR
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

COMPTON CARTER, KRISTA
12184 WEST COLONIAL DR
WINTER GARDEN, FL 34787 US

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: KRISTA COMPTON CARTER

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KLEFFEL, JULIE
Address: 13207 W COLONIAL DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: P () Delete
Name: SALERNO, RUSS
Address: 3378 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: MURPHY, JOHN
Address: 10239 TROUT RD
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KLEFFEL, JULIE
Address: 13207 W COLONIAL DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Change () Addition
Name: TREES, DIANE
Address: 36 W. PINE STREET #106
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULIE KLEFFEL

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date