

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90071 016 ****61.25

DOCUMENT # N95000004034					
1. Entity Name WEST ORANGE BRIDAL ASSOCIATION, INC.					
Principal Place of Business 17721 DEER ISLE CIRCLE WINTER GARDEN, FL 34787 US			Mailing Address 17721 DEER ISLE CIRCLE WINTER GARDEN, FL 34787 US		
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	4. FEI Number 54-3388088	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, THERESA 17721 DEER ISLE CIRCLE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPASZ, WENDY 1136 MAIDENMOOR ST WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNE, TRICIA 7252 SOMERS WORTH DR. ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DAVID 512 CLEMSON DR ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNN, KESHIA PO BOX 678340 ORLANDO, FL 32867	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TSONIS, PAT P.O. BOX 1452 WINDERMERE, FL 32786		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, THERESA 17721 DEER ISLE CR WINTER GARDEN, FL 34787		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, KESHIA PO BOX 678340 ORLANDO, FL 32867		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W MEDICI, ED 6649 ARMOURY COURT WINTER PARK, FL 32792		<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: <u>Theresa Jones</u> <u>THERESA JONES</u> <u>1-25-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					