


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90031 043 \*\*\*\*61.25

<b>DOCUMENT # N95000004034</b> 1. Entity Name <b>WEST ORANGE BRIDAL ASSOCIATION, INC.</b>					
Principal Place of Business <b>17721 DEER ISLE CIRCLE</b> <b>WINTER GARDEN, FL 34787 US</b>			Mailing Address <b>17721 DEER ISLE CIRCLE</b> <b>WINTER GARDEN, FL 34787 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>54-3388088</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>JONES, THERESA</b> <b>17721 DEER ISLE CIRCLE</b> <b>WINTER GARDEN, FL 34787</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>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	S LANE, TRICIA <input checked="" type="checkbox"/> Delete 7252 SOMERS WORTH DRIVE ORLANDO, FL 32835			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, KESHIA <input type="checkbox"/> Delete P.O. BOX 678340 ORLANDO, FL 32867			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, THERESA <input type="checkbox"/> Delete 17721 DEER ISLE CR WINTER GARDEN, FL 34787			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, KESHIA <input type="checkbox"/> Delete PO BOX 678340 ORLANDO, FL 32867			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DENISE CLARIDY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5727 CORNELIA AVE. ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W MEDICI, ED <input type="checkbox"/> Delete 6649 ARMOURY COURT WINTER PARK, FL 32792			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: THERESA JONES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>1-30-08</b> Daytime Phone #: <b>407 656-4817</b>	

*Theresa Jones*