2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004034

FILED Jan 30, 2009 Secretary of State

Entity Name: WEST ORANGE BRIDAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

17721 DEER ISLE CIRCLE

WINTER GARDEN, FL 34787 US

Current Mailing Address: New Mailing Address:

17721 DEER ISLE CIRCLE

WINTER GARDEN, FL 34787 US

FEI Number: 54-3388088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, THERESA 17721 DEER ISLE CIRCLE 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:

Clashania Cinnahura of Deviatora d Assort

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 LYNN, KESHIA
 Name:
 MEDICI, ED

 Address:
 P.O. BOX 678340
 Address:
 6649 ARMORY CT.

 City-St-Zip:
 ORLANDO, FL 32867
 City-St-Zip:
 WINTER PARK, FL 32792

Title: T () Delete Title: () Change () Addition

 Name:
 JONES, THERESA
 Name:

 Address:
 17721 DEER ISLE CR
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 CLARIDY, DENISE
 Name:
 LYNN, KESHIA

 Address:
 5727 CORNELIA AVE
 Address:
 P.O. BOX 678340

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32867

Title: W () Delete Title: S (X) Change () Addition

 Name:
 MEDICI, ED
 Name:
 LUCAS, PRISCILLA

 Address:
 6649 ARMOURY COURT
 Address:
 8825 W. COLONIAL DR.

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 OCOEE, FL 32761

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: THERESA JONES S 01/30/2009