

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005989

FILED
Jan 24, 2007
Secretary of State

Entity Name: ON THE CUTTING EDGE OUTREACH PROGRAMS, INC.

Current Principal Place of Business:

6864 SILVER STAR RD.
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

6864 SILVER STAR RD.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3408416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLIGAR, ACHILLE L
6864 SILVER STAR RD.
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HELLIGAR, ACHILLE
Address: 7121 LAUREL HILLS RD.
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: HELLIGAR, DOROTHY
Address: 7121 LAUREL HILLS RD
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: STIRLING, JUNIOR
Address: BOX 950 850
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PHILLIP, MARLENE T
Address: 6901 HENNEPLN BLVD
City-St-Zip: ORLANDO, FL 32818

Title: CD () Delete
Name: CHATMAN, WINIFRED
Address: 119 ESTATES CR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: COOLEY, DARRYLL
Address: 2733 SPRINGFIELD DR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: CHARLES, ANIKA
Address: 4420 OAKHAM CT
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change () Addition
Name: PHILLIP- MAGEE, MARLENE T
Address: 6901 HENNEPLN BLVD
City-St-Zip: ORLANDO, FL 32818

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE PHILLIP-MAGEE

D

01/24/2007

Electronic Signature of Signing Officer or Director

Date