

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004379 1. Entity Name THE JACK KEROUAC WRITERS IN RESIDENCE PROJECT OF ORLANDO, INC.					
Principal Place of Business 125 SPRINGLAKE HILL ALTAMONTE SPRINGS, FL 32714			Mailing Address PO BOX 547477 ORLANDO, FL 32854		
2. Principal Place of Business - No P.O. Box # 1418 Clouser Ave.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State		4. FEI Number 59-3531416	
Zip 32804		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINS, MARTY 125 SPRING LAKE HILL ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Jeffrey M. Koltun Street Address (P.O. Box Number is Not Acceptable) Kane and Koltun, Attorneys at Law 557 North Wymore Road, Suite 100 City Maitland, FL Zip Code 32751		
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		JEFFREY M. KOLTUN 200128777572 05/07/08--0104172408**61.25			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reinstating) DATE			
Amended AR is \$61.25		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	PD CUMMINS, MARTY 125 SPRING LAKE HILL ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GORDY, BRUCE 1216 EDGEWATER DR., ORLANDO, FL 32804
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINS, JAN 125 SPRING LAKE HILL ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BUCHHEIT, KIMBERLY A. 291 HUMMINGBIRD LN., LONGWOOD, FL 32779
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEALING, BOB 115 CAMBRIDGE DR. LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEALING, BOB 309 NEEDLES CT., LONGWOOD, FL 32779
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUHN, BRAD 1495 N MAITLAND AVE MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FORD, LOREN 1020 SHADY LN., ORLANDO, FL 32804
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, YVONNE 120 VALENCIA LOOP ALTAMONTE SPRINGS, FL 32804	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RODMAN, SUMMER 4 INTERLAKEN RD., ORLANDO, FL 32804
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANGER, NANCY 826 MALONE DR ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, NANCY 826 MALONE DR., ORLANDO, FL 32810
		<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. (SEE SHEET 2 OF 2 ATTACHED FOR ADDITIONAL DIRECTORS)					
SIGNATURE:		KIMBERLY A. BUCHHEIT 4/24/08 407-331-0505, x.102			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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ATTACHMENT (Sheet 2 of 2)

DOCUMENT # N98000004379
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PROJECT OF ORLANDO, INC.

11. Additions/Changes to Officers and Directors in 10

TITLE NAME STREET ADDRESS CIRTY-ST-ZIP	<div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> D KING, ANNETTE 4024 CROSSROADS PL. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CIRTY-ST-ZIP	<div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> D SUM, CHARLIE 504 BUCKMINSTER CIR. ORLANDO, FL 32803