

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006571

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** ORPHANS OF THE ARMED FORCES, INC.

**Current Principal Place of Business:**

P.O. BOX 316  
WINDERMERE, FL 34786

**New Principal Place of Business:**

2640 LAZY ACRE ROAD  
MASCOTTE, FL 34753

**Current Mailing Address:**

P.O. BOX 316  
WINDERMERE, FL 34786

**New Mailing Address:**

2640 LAZY ACRE ROAD  
MASCOTTE, FL 34753

**FEI Number:** 59-3613576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WITSMAN, EZRA R  
138 EAST CENTRAL AVE.  
HOWEY-IN-THE-HILLS, FL 34737 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: PD ( ) Delete  
Name: RICHARDSON, JAMES LEROY  
Address: P.O. BOX 316  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: DANIELS, JERRY  
Address: 7926 BAY LAKE RD.  
City-St-Zip: MASCOTTE, FL 34753

Title: VPD ( ) Delete  
Name: RICHARDSON, TONI  
Address: 2640 LAZY ARCE ROAD  
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete  
Name: RICHARDSON, CALVIN  
Address: 1084 RISTERSTOWN RD  
City-St-Zip: OWINGS MILLS, MD 21117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RICHARDSON, JAMES LEROY  
Address: 2640 LAZY ACRE ROAD  
City-St-Zip: MASCOTTE, FL 34753

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

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 Section 119.07(3)(i), 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: JAMES LEROY RICHARDSON

PD

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date