

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006571

FILED
Apr 30, 2009
Secretary of State

Entity Name: ORPHANS OF THE ARMED FORCES, INC.

Current Principal Place of Business:

2640 LAZY ACRE ROAD
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

2640 LAZY ACRE ROAD
MASCOTTE, FL 34753

New Mailing Address:

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: 2640 LAZY ACRE ROAD
City-St-Zip: MASCOTTE, FL 34753

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

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 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: JAMES LEROY RICHARDSON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date