

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 031 ***150.00

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DOCUMENT # P05000107679 1. Entity Name GREATER ORLANDO HOMESCHOOL ATHLETICS, INC.					
Principal Place of Business 6348 NIGHTWIND CIR ORLANDO, FL 32818 US			Mailing Address 6348 NIGHTWIND CIR ORLANDO, FL 32818 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 206-64-5062				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEWFELT, CHRISTINE E 6348 NIGHTWIND CIR ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEWFELT, CHRISTINE E		NAME		
STREET ADDRESS	6348 NIGHTWIND CIR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	TREA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEWFELT, CHRISTOPHER		NAME		
STREET ADDRESS	6348 NIGHTWIND CIR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	SEC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEWFELT, CHRISTINE E		NAME		
STREET ADDRESS	6348 NIGHTWIND CIR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 607, 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.					
SIGNATURE: <u>Christine E Shefelt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/20/06</u>		Daytime Phone #: <u>880 3511</u>