

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002303

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: THE ORCHARD FOUNDATION INC.

**Current Principal Place of Business:**

8595 EXPLORER DRIVE  
COLORADO SPRINGS, CO 80920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 35660  
COLORADO SPRINGS, CO 809353566

**New Mailing Address:**

FEI Number: 84-1466105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARK, STEPHEN  
218 PLUMOSA ROAD  
DEBARY, FL 32713      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: P      ( ) Delete  
Name: WHEELAND, DUANE A  
Address: 8595 EXPLORER DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: VP      ( ) Delete  
Name: KREHELY, A. JOHN  
Address: 8595 EXPLORER DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: C      ( ) Delete  
Name: PRESHER, DAVID F  
Address: 8595 EXPLORER DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: D      ( ) Delete  
Name: COOK, NANCY D  
Address: 6240 GALL BOULEVARD  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D      ( ) Delete  
Name: SAVALOJA, TIMOTHY D  
Address: 6425 COUNTY ROAD 30  
City-St-Zip: ST. BONIFACIUS, MN 55375

Title: D      ( ) Delete  
Name: JAMES, MARK  
Address: 221 EAST CHESTNUT STREET  
City-St-Zip: LANCASTER, PA 176022782

**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:

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: A. JOHN KREHELY

VP

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date