

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# N02000003789

Entity Name: OSCEOLA SUPPORT GROUP, INC.

Current Principal Place of Business:

3053 BIG SKY BLVD
KISSIMMEE, FL 347445615

New Principal Place of Business:

Current Mailing Address:

3053 BIG SKY BLVD
KISSIMMEE, FL 347445615

New Mailing Address:

FEI Number: 14-1842297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHINDLER, BEATRICE
3053 BIG SKY BLVD
KISSIMMEE, FL 347445615 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: BEATRICE SCHINDLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, VALENTIN
Address: 53 DORSET DR
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: LARSON, CAROL
Address: 250 BEDFORD DR
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Delete
Name: WATSON, SHELLEY
Address: 334 MARYLAND AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: GUERRA, EVA
Address: 2709 RISMAN CT
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: SCHINDLER, BEATRICE
Address: 3053 BIG SKY BLVD
City-St-Zip: KISSIMMEE, FL 347445615

Title: TD () Delete
Name: SHEPPARD, HOWARD
Address: 1244 BETH LANE
City-St-Zip: SAINT CLOUD, FL 34772

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 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: BEATRICE SCHINDLER

Electronic Signature of Signing Officer or Director

D

03/03/2005

Date