


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 033 ****70.00

DOCUMENT # N04000006505					
1. Entity Name VETERANS TRIBUTE AND MUSEUM OF OSCEOLA COUNTY INC.					
Principal Place of Business 3831 WEST VINE STREET KISSIMMEE, FL 34741		Mailing Address 3831 WEST VINE STREET KISSIMMEE, FL 34741			
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 20-1296230	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLARK, FRANK G 1920 TAHITI PLACE KISSIMMEE, FL 34741-2020			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CCEO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERVIN, JAMES W	NAME			
STREET ADDRESS	3831 WEST VINE STREET, UNIT 68	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP			
TITLE	VC <input type="checkbox"/> Delete	TITLE	HISTORIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERVIN, GERALD L	NAME			
STREET ADDRESS	3831 WEST VINE STREET, UNIT 68	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, FRANK G	NAME			
STREET ADDRESS	3831 WEST VINE STREET, UNIT 68	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	2ND VICE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODE, MIKE	NAME			
STREET ADDRESS	3831 WEST VINE STREET, UNIT 68	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	1ST VICE CHAIRMAN <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(1), 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 617, 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: <i>Frank G. Clark</i> Secy/TREASURER		Date: 5/1/05		Daytime Phone #: (407) 931-3133	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					