

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007386

**Entity Name:** OSCEOLA CONVENTION AND VISITORS BUREAU, INC.

**Current Principal Place of Business:**

215 CELEBRATION PLACE, #200  
KISSIMMEE, FL 34747

**Current Mailing Address:**

215 CELEBRATION PLACE, #200  
KISSIMMEE, FL 34747

**FEI Number:** 47-1634269

**Certificate of Status Desired:** No

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

DYMOND, WILLIAM T JR.  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name LIZASUAIN, HECTOR  
Address 215 CELEBRATION PLACE  
SUITE 200  
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR  
Name HARLEY, SHARON  
Address 215 CELEBRATION PLACE  
SUITE 200  
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR  
Name KRAFT, RUSS  
Address 215 CELEBRATION PLACE  
SUITE 200  
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR  
Name SCURLOCK, THEARON  
Address 215 CELEBRATION PLACE, #200  
City-State-Zip: KISSIMMEE FL 34747

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHARON HARLEY

**BOARD PRESIDENT**

**03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date