

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704671

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** OSCEOLA CENTER FOR THE ARTS, INC.

**Current Principal Place of Business:**

2411 E IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2411 E IRLO BRONSON HWY  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 59-6179937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, EDWARD A  
2411 E IRLO BRONSON HWY  
KISSIMMEE, FL 34744 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: PRES ( ) Delete  
Name: OVERSTREET, MURRAY  
Address: 1655 NEPTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: KILROY, ED  
Address: 1350 LAKEVIEW AVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: TOMPKINS, MARCIA  
Address: 1731 OLD BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: LOUBIER, DAN  
Address: 2625 HILLIARD CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: MERCER, ATLEE  
Address: 1585 THE OAKS BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: DYMMEK, SADIE  
Address: 1825 NEPTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KILROY, ED  
Address: 1350 LAKEVIEW AVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change ( ) Addition  
Name: MERCER, ATLEE  
Address: 1585 THE OAKS BLVD  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WHITE, TOM  
Address: 6136 WATERFIELD WAY  
City-St-Zip: ST. CLOUD, FL 34771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ED KILROY

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date