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Jan 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718359 (3)

1. Corporation Name

OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

310 N. CLYDE AVE
KISSIMMEE FL 34741

Mailing Address

310 N. CLYDE AVE
KISSIMMEE FL 34741

3. Date Incorporated or Qualified

04/17/1970

4. FEI Number

23-7063820

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MOON, WILLIAM A D
1452 OAKLEAF LN
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

MOON, WILLIAM A

82 Street Address (P.O. Box Number is Not Acceptable)

2950 ROBINS NEST COURT

83

84 City

KISSIMMEE

FL

85 Zip Code

34772

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

W. A. Moon DDS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE EDP
NAME MOON, WILLIAM A D
STREET ADDRESS 1452 OAKLEAF LN
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE T
NAME MANNING, PATSY
STREET ADDRESS 704 MANNING DRIVE
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

TITLE D
NAME SHUBERT, ZINA
STREET ADDRESS 2322 IRLO COURT
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE VP
NAME EVERS, MELVIN
STREET ADDRESS 910 EMMETT ST
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE SEC
NAME POFFENBAUGH, BARBARA
STREET ADDRESS 6110 E. IRLO BRONSON HWY
CITY-ST-ZIP ST. CLOUD FL 34769 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ED
1.2 NAME MOON, WILLIAM A
1.3 STREET ADDRESS 2950 ROBINS NEST COURT
1.4 CITY-ST-ZIP ST. CLOUD FL 34772 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE P
4.2 NAME EVERS, MELVIN
4.3 STREET ADDRESS 910 EMMETT ST
4.4 CITY-ST-ZIP KISSIMMEE FL 34741 ☒ Change ☐ Addition

5.1 TITLE VP
5.2 NAME MCGILL, JACK
5.3 STREET ADDRESS 6074 DURBIN ROAD
5.4 CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Change ☒ Addition

6.1 TITLE SEC
6.2 NAME PIERSON, MILLIE
6.3 STREET ADDRESS 1590 TWELVE OAKS CIRCLE
6.4 CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. A. Moon DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/98 (407) 847-6016

Date

Daytime Phone #

CR2E037 (10/97)