

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718359

1. Entity 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

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

23-7063820

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORMAND, JAMES L
310 NORTH CLYDE AVE
KISSIMMEE FL 34741

Name

Cain, Sherry

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

310 N. Clyde Avenue

City

Kissimmee

FL

Zip Code

34741

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLMER, HERBERT M RT. 1, BOX 136 KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, JOHN 513 PATRICK STREET KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELHORN, EDWINNA 713 W. PATRICK STREET KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLMER, DORIS J RT. 1, BOX 136 KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, HELEN E 804 NEPTUNE ROAD KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS, W.T. JR MICHIGAN AVENUE KISSIMMEE FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anderson, Martha 1850 Palmetto Dr Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Owen, Charles 1509 Sunset Pointe Place Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dutton, Ann W. 1513 Beth Ann Court Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hartzog, Marta First National Bank 920 N. John Young Parkway Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wetzel, Paul 508 N Central Avenue Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Val 53 Dorsett Drive Kissimmee, FL 34758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

Signature of John

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02 (407)846-6016

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90344 027 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment

836074

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UBR - Board of Directors

D

Kane-Benjamin, Mabel
12528 Illinois Woods Lane
Orlando, FL 32824

D

Hopkins, Sherry, Esq
1 Courthouse Square Ste 4200
Kissimmee, FL 34741

D

Childers, Emily
9 Tennessee Avenue
St. Cloud, FL 34769

D

Thomason, Kelley
Orlando Sentinel/Osceola
804 W. Emmett Street
Kissimmee, FL 34741

D

Hopper, Mickey
43 Montana Avenue
St. Cloud, FL 34769

D

Cox, Jefferson, Rev
Trinity Lutheran Church
3016 W. Vine Street
Kissimmee, FL 34741