

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718359

FILED
Apr 27, 2006
Secretary of State

Entity Name: OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

310 N. CLYDE AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

310 N. CLYDE AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 23-7063820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, SHERRY L
310 NORTH CLYDE AVE
KISSIMMEE, FL 34741 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: P () Delete
Name: DUTTON, ANN
Address: BETH ANN COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Delete
Name: RAMOS, VAL
Address: 53 DORSET DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: ANDERSON, SHERYL
Address: 4215 POW-MIA MEMORIAL DRIVE
City-St-Zip: ST. CLOUD, FL 34742

Title: T () Delete
Name: WETZEL, PAUL
Address: OSCEOLA COUNTY HS, 3 COURTHOUSE SQUARE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: ANDERSON, MARTHA
Address: 1850 PALMETTO DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: PHILLIPS, CHARLENE
Address: 2235 WOODSIDE WAY
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: WETZEL, MIKE
Address: 1300 NINTH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: T (X) Change () Addition
Name: CARRION, PORTIA
Address: 2713 RISMEN COURT
City-St-Zip: KISSIMMEE, FL 34743

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN DUTTON

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date