

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 719974 (8)

1. Corporation Name

OSCEOLA CHACO, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 3:56

Principal Place of Business

**9 GLENDALE DRIVE
KISSIMMEE FL 34744**

Mailing Address

**9 GLENDALE DRIVE
KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1970

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2988760

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GANT, MRS BOBBIE A
9 GLENDALE DR
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	PO
NAME	GANT, BOBBIE A
STREET ADDRESS	9 GLENDALE DR.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	FRAZIER, MARCELA
STREET ADDRESS	4365 BOGGY CREEK RD.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	SD
NAME	LAMEIER, LANA SUE
STREET ADDRESS	2630 CORAL AVE.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	TD
NAME	TALLMAN, ERNABELLE
STREET ADDRESS	2620 ORANGE BLVD.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	COOK, WILLIAM J
STREET ADDRESS	1814 PARADISE DR.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	DAVISON, MARY LOU
STREET ADDRESS	802 CATHERINE ST.
CITY - ST - ZIP	KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Bobbie A. Gant
BOBBIE A. GANT

March 30, 1995

904-846-6045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number