

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719974 (8)

1. Corporation Name

OSCEOLA CHACO, INC.

Principal Place of Business

Mailing Address

**9 GLENDALE DRIVE
KISSIMEE FL 34744**

**9 GLENDALE DRIVE
KISSIMEE FL 34744**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/31/1970

3a. Date of Last Report

04/05/1995

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**

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

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

GANT, BOBBIE A

STREET ADDRESS

9 GLENDALE DR.

CITY - ST - ZIP

KISSIMEE FL

TITLE

D

NAME

FRAZIER, MARCELA

STREET ADDRESS

4365 BOGGY CREEK RD.

CITY - ST - ZIP

KISSIMEE FL

TITLE

SD

NAME

LAMEIER, LANA SUE

STREET ADDRESS

2630 CORAL AVE.

CITY - ST - ZIP

KISSIMEE FL

TITLE

TD

NAME

TALLMAN, ERNABELLE

STREET ADDRESS

2620 ORANGE BLVD.

CITY - ST - ZIP

KISSIMEE FL

TITLE

D

NAME

COOK, WILLIAM J

STREET ADDRESS

1814 PARADISE DR.

CITY - ST - ZIP

KISSIMEE FL

TITLE

D

NAME

DAVISON, MARY LOU

STREET ADDRESS

802 CATHERINE ST.

CITY - ST - ZIP

KISSIMEE 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 119.07(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

407-846-6045

Daytime Phone #

CR2E037 (12/95)