

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 719974 1. Entity Name OSCEOLA CHACO, INC.	
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Principal Place of Business 9 GLENDALE DRIVE KISSIMMEE FL 34744	Mailing Address 9 GLENDALE DRIVE KISSIMMEE FL 34744
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1st MOORE CR2E037 (10/04)

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 59-2988760	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GANT, MRS BOBBIE A 9 GLENDALE DR KISSIMMEE FL 34744

7. Name and Address of New Registered Agent Name _____ Street Address (P. O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD GANT, BOBBIE A <input type="checkbox"/> Delete 9 GLENDALE DR. KISSIMMEE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete FRAZIER, MARCELA 4365 BOGGY CREEK RD. KISSIMMEE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete LAMEIER, LANA SUE 2630 CORAL AVE. KISSIMMEE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> Delete TALLMAN, ERNABELLE 2620 ORANGE BLVD. KISSIMMEE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete COOK, WILLIAM J 1814 PARADISE DR. KISSIMMEE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete DAVISON, MARY LOU 802 CATHERINE ST. KISSIMMEE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000336658 04/27/05-80135-011 81.25
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Bobbie A. Gant **Bobbie A. Gant, Pres.** Apr. 23, 2005 407-846-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #