


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 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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03172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988760	Applied For 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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000475375
04/05/06-80013-003 61.25

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 3/17/06 407-846-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #