

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # 719974

1. Entity Name
OSCEOLA CHACO, INC.



Principal Place of Business
**9 GLENDALE DRIVE
KISSIMMEE, FL 34744**

Mailing Address
**9 GLENDALE DRIVE
KISSIMMEE, FL 34744**



03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

U000000671298
03/28/07-80022-019 61.25

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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

3-15-07

407-846-6045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #