2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 719974

Entity Name: OSCEOLA CHACO, INC.

Current Principal Place of Business:

9 GLENDALE DRIVE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

9 GLENDALE DRIVE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-2988760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GANT,BOBBIE A	
Address:	9 GLENDALE DR.	
City-St-Zip:	KISSIMMEE, FL	
Title:	D	( ) Delete
Name:	FRAZIER, MARCELA	
Address:	4365 BOGGY CREEK RD.	
City-St-Zip:	KISSIMMEE, FL	
Title:	SD	( ) Delete
Name:	LAMEIER, LANA SUE	
Address:	2630 CORAL AVE.	
City-St-Zip:	KISSIMMEE, FL	
Title:	TD	( ) Delete
Name:	TALLMAN,ERNABELLE	
Address:	2620 ORANGE BLVD.	
City-St-Zip:	KISSIMMEE, FL	
Title:	D	( ) Delete
Name:	COOK,WILLIAM J	
Address:	1814 PARADISE DR.	
City-St-Zip:	KISSIMMEE, FL	
Title:	D	( ) Delete
Name:	DAVISON, MARY LOU	
Address:	802 CATHERINE ST.	
City-St-Zip:	KISSIMME, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DAVISON, MARY LOU	
Address:	802 CATHARINE ST	
City-St-Zip:	KISSIMMEE, FL 34741	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GANT, BOBBIE A PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date