FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # 721205 (3)

1. Corporation Name
OSCEOLA COUNTY COUNCIL ON AGING, INC.

Principal Place of Business	Mailing Address
1099 SHADY LANE KISSIMMEE FL 34744	1099 SHADY LANE KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1971
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1595398 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRED CUMBIE
4305 NEPTUNE ROAD
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SCHOOLFIELD, DIANNE	12 NAME		
STREET ADDRESS	1400 GRANDVIEW RD.	13 STREET ADDRESS		
CITY-ST-ZIP	KILSSIMMEE FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	MORROW, CHRIS	22 NAME		
STREET ADDRESS	1600 BUDINGER AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	ATTKISSON, FRANK	32 NAME	Frank Attkisson	
STREET ADDRESS	1917 PARADISE DR.	33 STREET ADDRESS	1917 Paradise Drive	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	VD	41 TITLE	V/P	☒ Change ☐ Addition
NAME	SIMPSON, KATHY	42 NAME	Kathy Simpson	
STREET ADDRESS	2930 MARJORIE ROAD	43 STREET ADDRESS	2930 Marjorie Road	
CITY-ST-ZIP	ST. CLOUD FL	44 CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	PD	51 TITLE	D	☒ Change ☐ Addition
NAME	PINELLAS, ANNA	52 NAME	Anna Pinellas	
STREET ADDRESS	17 S. VERNON AVENUE	53 STREET ADDRESS	17 S. Vernon Avenue	
CITY-ST-ZIP	KISSIMMEE FL	54 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	61 TITLE	T/D	☒ Change ☐ Addition
NAME	CARR, MIKE	62 NAME	Mike Carr	
STREET ADDRESS	2710 N. ORANGE BLOSSOM TRAIL	63 STREET ADDRESS	2710 N. Orange Blossom Trail	
CITY-ST-ZIP	KISSIMMEE FL	64 CITY-ST-ZIP	Kissimmee, FL 34743	

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)(i), 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 added on an attachment with an address.

SIGNATURE: _____ Mike Carr 3/24/95 (407 846-8532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000061B