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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34744-4973

3. Date Incorporated or Qualified: **06/21/1971**
3a. Date of Last Report: **01/31/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Fred Cumbie 4/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOOLFIELD, DIANNE		1.2 NAME		
STREET ADDRESS	1400 GRANDVIEW RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KILSSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MORROW, CHRIS		2.2 NAME	Donna Sines	
STREET ADDRESS	1600 BUDINGER AVE.		2.3 STREET ADDRESS	4600 Mesa Verde Drive	
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ATTKISSON, FRANK		3.2 NAME		
STREET ADDRESS	1917 PARADISE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, KATHY		4.2 NAME		
STREET ADDRESS	2930 MARJORIE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	PEREZ, JOSE E		5.2 NAME	Dan Autrey	
STREET ADDRESS	809 E OAK ST		5.3 STREET ADDRESS	P.O. Box 422068 - 108 Church Street	
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	VD	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	CARR, MIKE		6.2 NAME	Mike Carr	
STREET ADDRESS	2710 N. ORANGE BLOSSOM TRAIL		6.3 STREET ADDRESS	1001 Buenaventura Boulevard	
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY-ST-ZIP	Kissimmee, FL 34743	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Fred Cumbie 4/4/97