

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90159 034 ****70.00

DOCUMENT # 721205

1. Corporation Name

OSCEOLA COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

1099 SHADY LANE
KISSIMMEE FL 34744

Mailing Address

1099 SHADY LANE
KISSIMMEE FL 34744



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/21/1971

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

9. Name and Address of Current Registered Agent

CUMBLE, FRED
100 CHURCH STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name **Fred Cumble**

82 Street Address (P.O. Box Number is Not Acceptable)
100 Church Street

83

84 City **Kissimmee,**

FL

85 Zip Code
34741

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

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

Fred Cumble, Registered Agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SCHOOLFIELD, DIANNE**
STREET ADDRESS **1400 GRANDVIEW RD.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **SD** ☐ DELETE
NAME **SINES, DONNA**
STREET ADDRESS **4600 MESA VERDE DRIVE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **D** ☐ DELETE
NAME **ATTKISSON, FRANK**
STREET ADDRESS **1917 PARADISE DR.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☒ DELETE
NAME **SIMPSON, KATHY**
STREET ADDRESS **2930 MARJORIE ROAD**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **VD** ☐ DELETE
NAME **AUTREY, DAN**
STREET ADDRESS **P O BOX 422068 108 CHURCH STREET**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **PD** ☐ DELETE
NAME **CUMBLE, FRED**
STREET ADDRESS **100 CHURCH STREET**
CITY-ST-ZIP **KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Larry Slocum**
3.3 STREET ADDRESS **1544 Skyline Drive**
3.4 CITY-ST-ZIP **Kissimmee, FL 34744**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Barney Veal**
4.3 STREET ADDRESS **2950 Old Canoe Road**
4.4 CITY-ST-ZIP **St. Cloud, FL 34772**

5.1 TITLE **PD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

407 897-5151

Daytime Phone #

CR2E037- (11/98)

0073305

389859-90159-34

721205

OSCEOLA COUNTY COUNCIL ON AGING BOARD OF DIRECTORS 1999

**DAN AUTREY, PRESIDENT
PUBLISHER NEWS &
GAZETTE
P.O. Box 422068
Kissimmee, FL 34741
Phone: (w) 846-7141 x-101
Fax: 846-8516
PUBLISHER**

**LARRY SLOCUM, VICE PRES.
RETIRED, WDW EXECUTIVE
1544 Skyline Drive
Kissimmee, FL 34744
Phone: 847-6894
Fax: 847-5297**

**DONNA SINES, SECRETARY
COMMUNITY VISION, INC.
4600 Mesa Verde Drive
St. Cloud, FL 34769
Phone: (W) 933-0870/891-0449
Chamber: 847-3174-Ex.235
Fax: 933-0942/891-0279**

**BARNEY VEAL, TREASURER
REAL ESTATE DEVELOPER
2950 Old Canoe Road
St. Cloud, FL 34772
PH: 846-3767
fax: 846-3532**

**FRED CUMBIE, PAST
PRESIDENT
Overstreet, Miles, Rich &
Cumbie, ATTORNEYS AT LAW
100 Church Street
Kissimmee, FL 34741
Phone (Work) 847-5151-14
ATTORNEY (FAX) 847-3353**

**MIKE CARR, Past President
PRESIDENT, Financial
Consultants of Central
Florida
911 N. Main Street
Kissimmee, FL 34743
Phone (Work) 847-7778
FAX: 847-8755
Car Phone: 873-0365
FINANCIAL CONSULTANT**

**FRANK ATTKISSON
MAYOR KISSIMMEE
1917 Paradise Dr.
Kissimmee, FL 34744
Phone (Home) 846-3448
work: (396-2626, ext 135
Fax: (City) 847-9233
Beeper: 932-7487**

KATHY SIMPSON
SENIOR STAFF ASSISTANT
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DOMINGO TORO,
LIAISON SRA
2679 Forest View Lane
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Phone: H-847-3808

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1128 ANNE ALISE CIR.
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SHERIFF CHARLES CROFT,
Liaison, OS. CO. SHERIFF
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Fax: 348-1161

ROBERT GUEVARA
LIAISON, OSCEOLA COUNTY
283 Taxco Court
Kissimmee, FL 34743
Phone: 348-6701
Court House-847-1207
Fax - 847-1509

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CITY OF KISSIMMEE, Liaison
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389859-90159-34
721205

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