2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90003 045 ****70.00

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1. Entity 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

01282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1595398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUMBIE, FRED 100 CHURCH STREET KISSIMMEE, FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KERSMARKI, MAUREEN 400 CELEBRATION PLACE KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kersmarki, Maureen 400 Celebration Place Kissimmee, Fl 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINES, DONNA 4600 MESA VERDE DRIVE ST CLOUD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hougland, Beverly 3018 Elbib Dr. St. Cloud, Fl 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIPLEY, KEN 1101 E. DONEGAN AVE. KISSIMMEE, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Shipley, Ken 1101 E. Donegan Ave. Kissimmee, Fl 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNEY, VEAL 2950 OLD CANOE RD ST. CLOUD, FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schoolfield, Diane 1400 Grandview Blvd. Kissimmee, Fl 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEESE BYRNES, SONYA 1510 NORTH COVE RD. ORLANDO, FL 328301000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMBIE, FRED 100 CHURCH STREET KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Kelly Shipley 4-26-04 407-390-6230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #