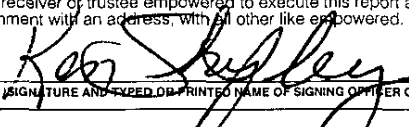


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90003 045 ****70.00

DOCUMENT # 721205 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1595398	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	TD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	KERSMARKI, MAUREEN		NAME	Kersmarki, Maureen	
STREET ADDRESS	400 CELEBRATION PLACE		STREET ADDRESS	400 Celebration Place	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, Fl 34741	
TITLE	PD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SINES, DONNA		NAME	Hougland, Beverly	
STREET ADDRESS	4600 MESA VERDE DRIVE		STREET ADDRESS	3018 Elbib Dr.	
CITY-ST-ZIP	ST CLOUD, FL		CITY-ST-ZIP	St. Cloud, Fl 34772	
TITLE	D	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	SHIPLEY, KEN		NAME	Shipley, Ken	
STREET ADDRESS	1101 E. DONEGAN AVE.		STREET ADDRESS	1101 E. Donegan Ave.	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BARNEY, VEAL		NAME	Schoolfield, Diane	
STREET ADDRESS	2950 OLD CANOE RD		STREET ADDRESS	1400 Grandview Blvd.	
CITY-ST-ZIP	ST. CLOUD, FL 34772		CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE	D	☐ Delete	TITLE		
NAME	DEESE BYRNES, SONYA		NAME		
STREET ADDRESS	1510 NORTH COVE RD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328301000		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		
NAME	CUMBIE, FRED		NAME		
STREET ADDRESS	100 CHURCH STREET		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL		CITY-ST-ZIP		
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: 			4-26-04 407-3906230		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54014256

