# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2006 8:00 am**
**Secretary of State**
02-09-2006 90043 037 ****61.25

DOCUMENT # 721205

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1099 SHADY LANE<br>KISSIMMEE, FL 34744 | 1099 SHADY LANE<br>KISSIMMEE, FL 34744 |

01232006 Chg-NP CR2E037 (11/05)

| 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<br>100 CHURCH STREET<br>KISSIMMEE, FL 34741 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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<br>ROSENBAUER, MARK<br>1128 ANNE ALISE CIRCLE<br>SAINT CLOUD, FL 34769 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Rosenbauer, Mark<br>1128 Anne Alise Circle<br>Saint Cloud, Fl 34769 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOUGLAND, BEVERLY<br>3018 ELBIB DR<br>SAINT CLOUD, FL 34772 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Pierson, Kathy<br>3100 Clay Ave, Suite 220<br>Orlando, Fl 32804 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SHIPLEY, KEN<br>1101 E. DONEGAN AVE.<br>KISSIMMEE, FL 34744 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Benca, Connie<br>1099 Shady Lane<br>Kissimmee, Fl 34744 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHOOLFIELD, DIANE<br>1400 GRANDVIEW BLVD<br>KISSIMMEE, FL 34744 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEESE BYRNES, SONYA<br>1510 NORTH COVE RD.<br>ORLANDO, FL 328301000 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CUMBIE, FRED<br>100 CHURCH STREET<br>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 exemptions contained in Chapter 119, 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:** Beverly Hougland Beverly Hougland 2-2-06 407-846-8532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #