2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721205

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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FILED Feb 06, 2008 Secretary of State

Entity Name: OSCEOLA COUNTY COUNCIL ON AGING, INC.

Current Principal Place of Business: New Principal Place of Business: 700 GENERATION POINT KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** 700 GENERATION POINT KISSIMMEE, FL 34744 FEI Number: 59-1595398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUMBIE, FRED 100 CHÚRCH STREET KISSIMMEE, FL 34741 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HEALY, BOB JR HEALY, BOB JR Name: Name: 2611 BOGGY CREEK ROAD Address: 2611 BOGGY CREEK ROAD Address: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: Title: () Delete () Change () Addition HOUGLAND, BEVERLY Name: Name: Address: 3018 ELBIB DR Address: City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip: Title: () Delete Title: () Change () Addition SHIPLEY, KEN Name: Name: Address: 1101 E. DONEGAN AVE. Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: DOMINGO, TORO Name: CARR, MARY 2679 FOREST VIEW LANE 1538 AMHERST LANE Address: Address: KISSIMMEE, FL 34744 KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: BEVERLY HOUGLAND CEO 02/06/2008

() Delete

() Delete

1001 BUENAVENTURE BLVD

GONZALEZ, JOHN

CLICK, CONNIE

KISSIMMEE, FL 34743

330 N. BEAUMONT AVE

KISSIMMEE, FL 34743

(X) Change () Addition

(X) Change () Addition

GONZALEZ, JOHN

2590 BOGGY CREEK ROAD

2499 BEDFORD ROAD, 2ND FLOOR

KISSIMMEE, FL 34744

CROISSANT, DORIE

ORLANDO, FL 32803