

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003167

FILED
Mar 06, 2008
Secretary of State

Entity Name: OSCEOLA BASEBALL ACADEMY INC.

Current Principal Place of Business:

2624 CAHOKIA COURT
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2624 CAHOKIA COURT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3722279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, JO ANN
3250 KAISER AVE
ST. CLOUD, FL 34770 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CACERES, JOSE
Address: 2624 CAHOKIA COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: CACERES, JOSE S
Address: 136 MORELIA LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: EDWARDS, JO ANN
Address: P.O. BOX 701702
City-St-Zip: ST. CLOUD, FL 34770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JO ANN EDWARDS

D

03/06/2008

Electronic Signature of Signing Officer or Director

Date