

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004415

FILED
Apr 16, 2004
Secretary of State

Entity Name: ORANGE COUNTY SUBSTITUTE TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

802 EAST 6TH STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

802 EAST 6TH STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3494472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBEE, MILDRED E
802 E. 6TH STREET
APOPKA, FL 32703 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: PD () Delete
Name: MCBEE, MILDRED E
Address: 802 EAST 6TH STREET
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: WILLIAMS, MARY C
Address: 802 EAST 6TH STREET
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: DIGIOVANNI, VICKIE
Address: 802 EAST 6TH STREET
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: SYDNOR, PEARL
Address: 802 EAST 6TH STREET
City-St-Zip: APOPKA, FL 32703

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MILDRED E. MCBEE

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date