

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005228**

1. Entity Name  
**OSCEOLA AMATEUR RADIO EMERGENCY SERVICE,  
INC.**



Principal Place of Business  
**320 N. BEAUMONT AVE  
KISSIMMEE, FL 34741**

Mailing Address  
**2714 PEARL CT  
KISSIMMEE, FL 34743**



04072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3734535**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CANDELARIO, LUIS M  
2714 PEARL CT  
KISSIMMEE, FL 34743**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CANDELARIO, BERNADETTE
STREET ADDRESS	2714 PEARL CT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	VD
NAME	CARRASQUILLO, ARIEL
STREET ADDRESS	723 MYRTLE COVE COURT APT 206
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	SD
NAME	CANDELARIO, LUIS
STREET ADDRESS	2714 PEARL CT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000930559  
05/21/08-80114-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Luis M. Candelario*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08  
Date

4074600496  
Daytime Phone #