

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002435

FILED
May 05, 2004
Secretary of State

Entity Name: OSCEOLA SHOOTING STARS INC.

Current Principal Place of Business:

2624 MARTINA AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2624 MARTINA AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 03-0411716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTGOMERY, PATRICIA F
2624 MARTINA AVE
KISSIMMEE, FL 34741

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: P () Delete
Name: THOMAS, BARRY
Address: 2914 FLORIDA AVE.
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: MONTGOMERY, FULTON D
Address: 2624 MARTINA AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: V () Delete
Name: DARBOUZE, KAMIL
Address: 1314 SWEETWOOD BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: MONTGOMERY, PATRICIA F
Address: 2624 MARTINA AVE.
City-St-Zip: KISSIMMEE, FL 34741

Title: FUND () Delete
Name: CHAPPELL, ALOUSA
Address: 2914 FLORIDA AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: DIR () Delete
Name: ROBERTS, GRACE
Address: 411 DOLPHIN STREET
City-St-Zip: KISSIMMEE, FL 34744

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:

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: FULTON D. MONTGOMERY

T

05/05/2004

Electronic Signature of Signing Officer or Director

Date