# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N02000005648

**Entity Name:** OSCEOLA FAMILY SPORTS ASSOCIATION INC.

**Current Principal Place of Business:**

3229 HUNTERS CHASE LOOP
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

3229 HUNTERS CHASE LOOP
KISSIMMEE, FL 34743

**New Mailing Address:**

**FEI Number: 56-2348077** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAY, JOE E
3229 HUNTERS CHASE LOOP
KISSIMMEE, FL 34743 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: DP ( ) Delete
Name: DAY, JOE
Address: 3229 HUNTERS CHASE LOOP
City-St-Zip: KISSIMMEE, FL 34743

Title: VD ( ) Delete
Name: GOMEZ, MICHAEL
Address: 106 TANGERINE COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: STD ( ) Delete
Name: DAY, BEVERLEY J
Address: 3229 HUNTERS CHASE LOOP
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: DAY, JOE E
Address: 3229 HUNTERS CHASE LOOP
City-St-Zip: KISSIMMEE, FL 34743

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

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

Title: FC ( ) Change (X) Addition
Name: DAY, JOSHUA
Address: 3229 HUNTERS CHASE LOOP
City-St-Zip: KISSIMMEE, FL 34743

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: JOE E. DAY DP 04/15/2009

Electronic Signature of Signing Officer or Director — Date