

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90224 039 ****70.00

DOCUMENT # **N02000005648**

1. Entity Name

OSCEOLA FAMILY SPORTS ASSOCIATION INC.



Principal Place of Business

**3229 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

Mailing Address

**3229 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

11034612



2. Principal Place of Business

3229 HUNTERS CHASE LOOP

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE, FLORIDA

City & State

4. FEI Number

36-2348077

Applied For

Not Applicable

Zip

34743

Country

OSCEOLA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAY, JOE
3229 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joe E. Day

JOE E. DAY (PRESIDENT)

4/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	DAY, JOE	
STREET ADDRESS	3229 HUNTERS CHASE LOOP	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, KARL	
STREET ADDRESS	2902 NOAH CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL 34772	CHANGED TO →
TITLE	TO	<input type="checkbox"/> Delete
NAME	DAY, BEVERLY	
STREET ADDRESS	3229 HUNTERS CHASE LOOP	
CITY-ST-ZIP	KISSIMMEE FL 34743	ADDED AS SEC. →
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE GOMEZ, MICHAEL	
STREET ADDRESS	291 CITRUS DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLLINS, NEREIDA	
STREET ADDRESS	1854 DESTINY BLVD APT. #101	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED

4/24/03

(407)509-3801