

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90075 010 ****70.00

DOCUMENT # N03000003491

1. Entity Name
OSCEOLA COUNTY ABSTINENCE PROJECT, INC.



Principal Place of Business
27 EAST 13TH STREET
ST. CLOUD, FL 34769

Mailing Address
27 EAST 13TH STREET
ST. CLOUD, FL 34769

44025441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-NP

CR2E037 (10/03)

4. FEI Number

13-4261010

Applied For

Not Applicable

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

MILLER, SANDI
27 EAST 13TH STREET
ST. CLOUD, FL 34769

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

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, 2004**

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 D ☐ Delete
NAME MILLER, SANDI
STREET ADDRESS 27 EAST 13TH STREET
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUCHANAN, TONY DR.
STREET ADDRESS 1011 BILL BECK BLVD.
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HENDERSON, JOEL
STREET ADDRESS 3163 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCWHIRTER, PATTY
STREET ADDRESS 1050 GRAPE AVENUE
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLARKE, LINDA
STREET ADDRESS 5900 E. IRLO BRONSON HWY
CITY-ST-ZIP ST. CLOUD, FL 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sandra J. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

407-892-6012 ^{2K} 103

Daytime Phone #