

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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01122004 Chg-NP CR2E037 (10/03)

4. FEI Number 13-4263030 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
 MILLER, SANDI
 27 EAST 13TH STREET
 ST. CLOUD, FL 34769

7. Name and Address of New Registered Agent
 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 _____ (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

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

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

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

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

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

TITLE Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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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 4/6/04 407-892-6012 ^{2K} 103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #