

2005 NOT-FOR-PROFIT CORPORATION

1/2

FILED

05 NOV -9 PM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/21/05 90069 050 \$70.00



REINSTATEMENT

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-4261050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, SANDI			NAME	Boho, Phyllis		
STREET ADDRESS	27 EAST 13TH STREET			STREET ADDRESS	27 East 13th St.		
CITY-ST-ZIP	ST. CLOUD, FL 34769			CITY-ST-ZIP	St. Cloud FL 34769		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUCHANAN, TONY DR.			NAME	Rach, Tim		
STREET ADDRESS	1011 BILL BECK BLVD.			STREET ADDRESS	1313 W. Fairbanks Ave.		
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDERSON, JOEL			NAME			
STREET ADDRESS	3163 N. ORANGE BLOSSOM TRAIL			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCWHIRTER, PATTY			NAME			
STREET ADDRESS	1050 GRAPE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD, FL 34769			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, LINDA			NAME			
STREET ADDRESS	5900 E. IRLO BRONSON HWY			STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD, FL 34744			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 any address, with all other like empowered.

SIGNATURE: [Signature] 11/2/05 407-569-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Office of the Executive Vice President

J. R. (Tony) Buchanan, Ed.D. ♦ Executive Vice President
Stephanie Evans ♦ Administrative Assistant

October 6, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Reference Number: N03000003491

Osceola County Abstinence Project, Inc. received an annual report notice on February 22, 2005. On February 23, 2005 the corporation printed the file provided on-line at www.sunbiz.org. After completing the information, the form and check number 1015 in the amount of \$70.00 was mailed on February 24, 2005. We received a letter dated March 28, 2005 stating that the report had not been filed and that a copy was being returned in order for us to provide the titles of each officer/director listed on the report. The corrections were made on March 30, 2005 and mailed to Division of Corporations, PO Box 1500, Tallahassee, FL 32302-1500.

On October 5, 2005 the Osceola County Abstinence Project, Inc. received a postcard giving us a Notice of Dissolution or Revocation. Upon receiving the notice, we called the Division of Corporations Office and were instructed to write a letter stating the above information and to provide another copy of the corrected form. We were informed that penalty and/or late fees would be waived.

Please advise if any further action on our part to resolve this matter needs to be taken.

Sincerely,


Tony Buchanan

JRB/se