2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003491

1. Entity Name
OSCEOLA COUNTY ABSTINENCE PROJECT, INC.

FILED
Aug 13, 2008 08:00 AM
Secretary of State

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

08042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
13-4261050
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, SANDI
STREET ADDRESS	27 EAST 13TH STREET
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	D
NAME	BUCHANAN, TONY DR.
STREET ADDRESS	1011 BILL BECK BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	BOCH, TIM
STREET ADDRESS	1313 W. FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	MCWHIRTER, PATTY
STREET ADDRESS	1050 GRAPE AVENUE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	D
NAME	CLARKE, LINDA
STREET ADDRESS	5900 E. IRLO BRONSON HWY
CITY-ST-ZIP	ST. CLOUD, FL 34744
TITLE	D
NAME	BOHO, PHYLLIS
STREET ADDRESS	27 EAST 13TH STREET
CITY-ST-ZIP	ST. CLOUD, FL 3479

U00000357599
08/13/08-80001-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Sandra J Miller 8/8/08 407-343-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #