

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010693

FILED
Apr 01, 2011
Secretary of State

Entity Name: NATIONAL DAY OF PRAYER OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

623 ADAMS ROAD
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700038
SAINT CLOUD, FL 347700038 US

New Mailing Address:

FEI Number: 33-1081769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, BERTHA
623 ADAMS RD
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHASE, BERTHA
Address: 623 ADAMS ROAD
City-St-Zip: SAINT CLOUD, FL 34769

Title: VPD
Name: HAYWOOD, RALPH W DR
Address: 5210 HAMMOCK POINT COURT
City-St-Zip: SAINT CLOUD, FL 34771

Title: TSD
Name: SHEEHAN, EDITH M
Address: 3900 MUTTER ROAD
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: LAW, RANDY B
Address: 3148 WINDOVER AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: CHANNER, CAROL J
Address: 412 MONTANA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: BEAL, DAVID REV
Address: 404 CART COURT
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDITH SHEEHAN

TSD

04/01/2011

Electronic Signature of Signing Officer or Director

Date