2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # N0400003960 1. Entity Name OSTEEN PRESERVATION SOCIETY, INC.							ary U 5 90143 00		
Principal Place P.O. BOX 20: OSTEEN, FL	5	Mailing Address P.O. BOX 205 OSTEEN, FL 32764				818 61 8 8 111 87114 8	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1211 1 111 1 511))
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012005 C	hg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number			Applied For X Not Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		8.75 Add ee Required	
	6. Name and Address of Curren	t Registered Agent	Nami	Δ	7. Name and Add	dress of New	Registered A	gent	
MCCASKILL, BARBARA			<u> </u>		<u> </u>				
I 1189 MAY OSTEEN,	TOWN RD. FL 32764		Stree	et Address (P.O. Box Number is	Not Acceptat	ole)		
	,		City				FL	Zip Code	е
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its req	gistered office	e or register	red agent, or both, in	the State of f	Florida. I am fa		and accept
SIGNATURE .	Signature, typed or printed name of registered age		egistered Agent sig				DATE		
		9. Election Campa	egistered Agent sig	gnature required	d when reinstating)	1		• •	
10.	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election Campa	egistered Agent signardinatribution.	gnature required	d when reinstating)	- Fie	DATE Make check orida Depart	ECTORS IN	tate • 110
47.	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camps Trust Fund Con	egistered Agent signalign Financin	gnature required	\$5.00 May Be Added to Fees	- Fie	DATE Make check orida Depart	ment of St	tate •
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D P MCCABE, DENISE 900 CATFISH RD.	9. Election Campa	egistered Agent significant si	gnature required	\$5.00 May Be Added to Fees	- Fie	DATE Make check orida Depart	ECTORS IN	tate • 110
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D P MCCABE, DENISE 900 CATFISH RD. OSTEEN, FL 32764 V FORD, JOY 362 MAYTOWN RD.	9: Election Campa	egistered Agent side aign Financin tribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	gnature required	\$5.00 May Be Added to Fees	- Fie	DATE Make check orida Depart	ment of St ECTORS IN Change	tate .
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110. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D P MCCABE, DENISE 900 CATFISH RD. OSTEEN, FL 32764 V FORD, JOY 362 MAYTOWN RD. OSTEEN, FL 32764 T MCCASKILL, BARBARA 1189 MAYTOWN RD.	9. Election Campa Trust Fund Con Delete Delete Delete	egistered Agent six aign Financin ntribution 11. TITLE NAME STREET ADDRES CITY-ST-ZIP	gnature required g SS SS SS SS SS SS	\$5.00 May Be Added to Fees	- Fie	DATE Make check orida Depart	ment of St ECTORS IN Change Change Change	Addition Addition Addition Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05 407 320-0131