

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004797

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: NAMI OSCEOLA INC.

**Current Principal Place of Business:**

206 PARK PLACE BLVD  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

334 MARYLAND AVE  
ST. CLOUD, FL 34769

**New Mailing Address:**

206 PARK PLACE BLVD  
KISSIMMEE, FL 34741

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WATSON, SHELLEY L  
334 MARYLAND AVE  
ST. 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: D/P ( ) Delete  
Name: WATSON, SHELLEY L  
Address: 334 MARYLAND AVE  
City-St-Zip: ST. CLOUD, FL 34769

Title: DVP ( ) Delete  
Name: EDELEN, DELORES  
Address: PO BOX 421177  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: SCHOOLFIELD, DIANE  
Address: 201 PARK PLACE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D/S ( ) Delete  
Name: KNAPP, BARBARA  
Address: 206 PARK PLACE BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: D/S ( ) Delete  
Name: WITOL, MAUREEN  
Address: 206 PARK PLACE BLVD  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STEWART, PARRY  
Address: 206 PARK PLACE BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: D/S (X) Change ( ) Addition  
Name: PACURARI, JUDY  
Address: 206 PARK PLACE BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: D/S (X) Change ( ) Addition  
Name: HONEY, MARTIE  
Address: 206 PARK PLACE BLVD  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHELLEY L. WATSON

D/P

07/11/2005

Electronic Signature of Signing Officer or Director

Date