

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004797

FILED
Jul 05, 2007
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:

206 PARK PLACE BLVD
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 04-3779829 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

WATSON, SHELLEY L
334 MARYLAND AVE
ST. CLOUD, FL 34769 US

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: STEWART, PARRY
Address: 206 PARK PLACE BLVD
City-St-Zip: KISSIMMEE, FL 34741

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

Title: D/S () Delete
Name: HONEY, MARTIE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

07/05/2007

Electronic Signature of Signing Officer or Director

Date