

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006577

FILED
Apr 25, 2005
Secretary of State

Entity Name: OSCEOLA COUNTY CONVENTION FACILITIES CORPORATION

Current Principal Place of Business:

1 COURTHOUSE SQUARE
SUITE 4200
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1 COURTHOUSE SQUARE
SUITE 4200
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THACKER, JO O
1 COURTHOUSE SQUARE
SUITE 4200
KISSIMMEE, FL 34741 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: P () Delete
Name: SHIPLEY, KEN
Address: 1 COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: DUNNICK, CHUCK
Address: 1COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

Title: S/T () Delete
Name: MERCER, ATLEE
Address: 1 COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

Title: MEMB () Delete
Name: OWEN, PAUL
Address: 1 COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

Title: MEMB () Delete
Name: SMITH, KEN
Address: 1 COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWEN, PAUL
Address: 1 COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change () Addition
Name: SHIPLEY, KEN
Address: 1COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

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

Title: MEMB (X) Change () Addition
Name: LANE, BILL
Address: 1 COURTHOUSE SQUARE, SUITE 4700
City-St-Zip: KISSIMMEE, FL 34741

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

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: PAUL OWEN

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date