## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007759

Entity Name: SAVE OSCEOLA, INC

FILED May 01, 2006 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:	
	WATER DRIVE E, FL 34743 US		
Current Mailing Address:		New Mailing Address:	
	WATER DRIVE E, FL 34743 US		
	FEI Number Applied For (X) FEI Nu e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	-	
FARQUHAI 3046 STILL KISSIMMEE	RSON, BEULAH RA WATER DRIVE E, FL 34743 US		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	ts registered office or registered agent, or both,
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete FARQUHARSON, BEULAH 3046 STILLWATER DRIVE KISSIMMEE, FL 34743 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FARQUHARSON, BEULAH 3046 STILLWATER DRIVE KISSIMMEE, FL 34743 US
Title: Name: Address: City-St-Zip:	VP ( ) Delete MENDEZ, ANAMARIA 95 ZACALO WAY KISSIMMEE, FL 34743 US	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MENDEZ, ANAMARIA 95 ZACALO WAY KISSIMMEE, FL 34743 US
Title: Name: Address: City-St-Zip:	SEC () Delete MENDEZ MELENDEZ, FELIPE 182 TULPAN DRIVE KISSIMMEE, FL 34743 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete FARQUHARSON, GRACE 3046 STILLWATER DRIVE KISSIMMEE, FL 34743 US	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	BD () Delete CASTILLO, CYNTHIA 115 OXACA LANE KISSIMMEE, FL 34743 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition FARQUHARSON, FRANK 3046 STILLWATER DRIVE KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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: BEULAH FARQUHARSON D 05/01/2006