2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N05000011962

Entity Name: OSCEOLA OVERDRIVE, INC.

Current Principal Place of Business:

3229 HERON'S POINT CIRCLE
KISSIMMEE, FL 32741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420147
KISSIMMEE, FL 347420147

New Mailing Address:

FEI Number: 20-3847088 **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:

BORDERS, SANDRA L
3229 HERON'S POINT CIRCLE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

PEREIRA, KEITH E
3229 HERON'S POINT CIRCLE
KISSIMMEE, FL 34741 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: KEITH E. PEREIRA 06/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: PEREIRA, KEITH E
Address: 4321 BAYSIDE DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP D ( ) Delete
Name: CRAPO, MARK
Address: 4723 NORTHWIND BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: S, D ( ) Delete
Name: BALLARD, DIANA
Address: 2725 SHINGLE CREEK COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: T, D ( ) Delete
Name: BORDERS, SANDRA L
Address: 3229 HERON'S POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: PEREIRA, KEITH E
Address: 3229 HERONS POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

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: SANDRA L. BORDERS TREA 06/16/2009
Electronic Signature of Signing Officer or Director Date