

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012203

FILED
Mar 09, 2006
Secretary of State

Entity Name: OSCEOLA RECREATION THERAPY AND EDUCATIONAL CORPORATION

Current Principal Place of Business:

4121 TWILIGHT TRAIL
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4121 TWILIGHT TRAIL
KISSIMMEE, FL 34746

New Mailing Address:

4121 TWILIGHT TRAIL
KISSIMMEE, FL 34746 US

FEI Number: 43-2090868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TROTMAN, GILLENE
4121 TWILIGHT TRAIL
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

TROTMAN, GILLENE A EXE DIR
4121 TWILIGHT TRAIL
KISSIMMEE, FL 34746 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: GILLENE TROTMAN

03/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Change (X) Addition
Name: TAMIKA MATTHEWS,
Address: 3902 TILELIST CT
City-St-Zip: ORLANDO, FL 32839 US

Title: DIR () Change (X) Addition
Name: MR. WILSON. E. WAY,
Address: 3130 CANTER LANE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: DIR () Change (X) Addition
Name: MRS. BARBARA WAY,
Address: 3130 CANTER LANE
City-St-Zip: KISSIMMEE, FL 34736 US

Title: DIR () Change (X) Addition
Name: SEAN ROBERTS,
Address: 1579 MATTHEW DRIVE
City-St-Zip: WALTON FORTH MYERS, FL 33907 US

Title: DIR () Change (X) Addition
Name: GEORGE EDMONDSON,
Address: 110 HILLSIDE TERRACE WEST
City-St-Zip: HACKETSTOWN, NJ 07840 US

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: GILLENE TROTMAN

DIR

03/09/2006

Electronic Signature of Signing Officer or Director

Date