

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05116 (1)

1. Corporation Name

OCOEE HISTORICAL COMMISSION, INC.



Principal Place of Business

Mailing Address

**150 N LAKESHORE DR
OCOEE FL 34761-2223**

**150 N LAKESHORE DR
OCOEE FL 34761-2223**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1984

3a. Date of Last Report

04/13/1995

4. FEI Number

59-2580698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**MAGUIRE, ELIZABETH A.
2 N. BLUFORD AVENUE
OCOEE FL 34761**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **MAGUIRE, ELIZABETH A.**
STREET ADDRESS **2 N. BLUFORD AVENUE**
CITY-ST-ZIP **OCOEE FL**

TITLE **D** ☐ DELETE
NAME **BASS, ALICE**
STREET ADDRESS **400 ORLANDO AVE. #11C**
CITY-ST-ZIP **OCOEE FL**

TITLE **PD** ☐ DELETE
NAME **ERVINE, ELIZABETH**
STREET ADDRESS **402 ORLANDO AVE., APT. 13-C**
CITY-ST-ZIP **OCOEE FL**

TITLE **D** ☐ DELETE
NAME **SNELL, SHERRY**
STREET ADDRESS **1303 SAND PINE ST.**
CITY-ST-ZIP **OCOEE FL**

TITLE **D** ☒ DELETE
NAME **SMITH, BURTON**
STREET ADDRESS **780 LONDON BRIDGE**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **DV** ☒ DELETE
NAME **PROSPEROSO, VELMA**
STREET ADDRESS **224 S 1ST ST**
CITY-ST-ZIP **OCOEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S/D ESTHER SEADEEK**
2.3 STREET ADDRESS **469 WURST RD.**
2.4 CITY-ST-ZIP **OCOEE, FL 34761**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **P/D KAREN WOODARD**
3.3 STREET ADDRESS **2223 GOOD HOMES RD.**
3.4 CITY-ST-ZIP **ORLANDO, FL 32818**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **V/D SHERRY SNELL**
4.3 STREET ADDRESS **1303 SAND PINE ST.**
4.4 CITY-ST-ZIP **OCOEE, FL 34761**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth A. Maguire* **ELIZABETH A. MAGUIRE** **3/16/96** **(407) 656-2051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)