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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05116** (1)

1. Corporation Name

OCOOE HISTORICAL COMMISSION, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

09/12/1984

4. FEI Number

59-2580698

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGUIRE, ELIZABETH A.
2 N. BLUFORD AVENUE
OCOOE 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

Elizabeth A. Maguire

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

(NOTE: Registered Agent signature required when reinstating)

3/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **WEATHERLY, KATHLEEN**
STREET ADDRESS **610 NICOLE BLVD.**
CITY-ST-ZIP **OCOOE FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SD**
5.3 STREET ADDRESS **Velma Prosperoso**
5.4 CITY-ST-ZIP **224 S. First St.**

TITLE **PD** ☒ DELETE
NAME **WOODARD, KAREN**
STREET ADDRESS **2223 GOOD HOMES RD**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **PD**
6.3 STREET ADDRESS **Rebecca Layman**
6.4 CITY-ST-ZIP **5531 Briton Dr.**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/20/98 (407) 656-2051

CR2E037 (10/97)