

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90037 021 ****61.25

DOCUMENT # N05116

1. Corporation Name

OCOEE HISTORICAL COMMISSION, INC.

Principal Place of Business

150 N LAKESHORE DR
OCOEE FL 34761-2223

Mailing Address

150 N LAKESHORE DR
OCOEE FL 34761-2223



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/12/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Elizabeth A. Maguire

5/13/99

DATE

(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME SD
VELMA PROSPEROSO
STREET ADDRESS 224 S FIRST ST
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ DELETE

NAME PD
REBECCA LAYMAN
STREET ADDRESS 5531 BRITON DR
CITY-ST-ZIP ORLANDO FL 32808

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

D
Nancy L. Maguire
3508 Crystal Lake Ave. E.
Orlando, FL 32806

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, with all other like empowered.

SIGNATURE: *Elizabeth A. Maguire* Elizabeth A. Maguire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99

DATE

(407) 656-2051

Daytime Phone #

CR2E037 (11/98)

0073828