

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90339 001 ****61.25

DOCUMENT # N05116

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number
59-2580698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Elizabeth Maguire

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

21 Magnolia St.

City

XXXX Ocoee

FL

Zip Code

34761

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME POWELL, WAYLON
STREET ADDRESS 430 E. CYPRESS ST.
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

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

TITLE PD
NAME MAGUIRE, NANCY L.
STREET ADDRESS 3508 CRYSTAL LAKE AVE., E
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE SD
NAME APPLGATE, SHERRALL
STREET ADDRESS 504 SPRING CREEK DR
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE D
NAME KINNIE, MURO
STREET ADDRESS 504 WEST AVE.
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME Maguire, Elizabeth A.
STREET ADDRESS 21 Magnolia Street
CITY-ST-ZIP Ocoee, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Ervine, Elizabeth
STREET ADDRESS 402 Orlando Ave. Apt. 15-C
CITY-ST-ZIP Ocoee, FL 34761

TITLE VP ☒ Change ☐ Addition
NAME Maguire, Nancy
STREET ADDRESS 21 Magnolia St.
CITY-ST-ZIP Ocoee, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Kinnie, Myra
STREET ADDRESS 504 West Ave.
CITY-ST-ZIP Ocoee, FL 34761

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth A. Maguire* ELIZABETH A. MAGUIRE 04/14/04 407-656-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #