


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05116</b> 1. Entity Name OCOE HISTORICAL COMMISSION, INC.	
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Principal Place of Business 150 N LAKESHORE DR OCOE, FL 34761-2223	Mailing Address 150 N LAKESHORE DR OCOE, FL 34761-2223
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02142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2580698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MAGUIRE, ELIZABETH A. 21 MAGNOLIA ST OCOE, FL 34761
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGUIRE, ELIZABETH A. 21 MAGNOLIA ST OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, WAYLON 430 E. CYPRESS ST. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERVINE, ELIZABETH 402 ORLANDO AVE APT 15-C OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGUIRE, NANCY L 21 MAGNOLIA ST OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APPLEGATE, SHERRALL 504 SPRING CREEK DR OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNIE, MYRA 504 WEST AVE. OCOE, FL 34761

000000232691  
02/17/05-80021-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 02/15/05 407-656-2051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #