

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05116

FILED
May 21, 2006
Secretary of State

Entity Name: OCOEE HISTORICAL COMMISSION, INC.

Current Principal Place of Business:

150 N LAKESHORE DR
OCOEE, FL 347612223

New Principal Place of Business:

Current Mailing Address:

150 N LAKESHORE DR
OCOEE, FL 347612223

New Mailing Address:

FEI Number: 59-2580698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAGUIRE, ELIZABETH A.
21 MAGNOLIA ST
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MAGUIRE, ELIZABETH A.
Address: 21 MAGNOLIA ST
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: POWELL, WAYLON
Address: 430 E. CYPRESS ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD () Delete
Name: ERVINE, ELIZABETH
Address: 402 ORLANDO AVE APT 15-C
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: MAGUIRE, NANCY L
Address: 21 MAGNOLIA ST
City-St-Zip: OCOEE, FL 34761

Title: SD (X) Delete
Name: APPLGATE, SHERRALL
Address: 504 SPRING CREEK DR
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: KINNIE, MYRA
Address: 504 WEST AVE.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: APPLGATE, SHERRALL
Address: 504 SPRING CREEK DR.
City-St-Zip: OCOEE, FL 34761

Title: VPR (X) Change () Addition
Name: ERVINE, BETTY
Address: 402 ORLANDO AVE
City-St-Zip: OCOEE, FL 34787

Title: TR (X) Change () Addition
Name: MAGUIRE, ELIZABETH
Address: 21 MAGNOLIA ST
City-St-Zip: OCOEE, FL 34761

Title: SEC (X) Change () Addition
Name: LASSETER, LILLIAN L
Address: 2510 JOHIO SHORES RD.
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. MAGUIRE

TR

05/21/2006

Electronic Signature of Signing Officer or Director

Date