

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05116

FILED  
Apr 24, 2007  
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 ( )

**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: PR ( ) Delete  
Name: APPLEGATE, SHERRALL  
Address: 504 SPRING CREEK DR.  
City-St-Zip: OCOEE, FL 34761

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date