

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 26, 2011**  
**Secretary of State**

DOCUMENT# N05116

**Entity Name:** OCOEE HISTORICAL COMMISSION, INC.**Current Principal Place of Business:**150 N LAKESHORE DR  
OCOEE, FL 347612223**New Principal Place of Business:**504 WEST AVE  
OCOEE, FL 34761**Current Mailing Address:**504 WEST AVE  
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:**CITY OF OCOEE  
150 N LAKESHORE DR  
OCOEE, FL 347612223 US**Name and Address of New Registered Agent:**MYRA KINNIE  
504 WEST AVE  
OCOEE, FL 34761 US

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: MYRA KINNIE

08/26/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

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

Title: VPR  
Name: VANDERGRIFT, PEGGY  
Address: 1405 SPRING LAKE TER  
City-St-Zip: OCOEE, FL 34761

Title: TR  
Name: KINNIE, MYRA  
Address: 504 WEST AVENUE  
City-St-Zip: OCOEE, FL 34761

Title: CURA  
Name: MITIKEN, ALITA  
Address: 504 WEST AVE  
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: MYRA KINNIE, TREASURER

MRS

08/26/2011

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