


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90139 003 ****61.25

DOCUMENT # N07000002617	
1. Entity Name THE OSCEOLA BAR ASSOCIATION, INC.	

Principal Place of Business 20 S. ROSE AVE., STE. 8 KISSIMMEE FL 34741	Mailing Address 20 S. ROSE AVE., STE. 8 KISSIMMEE FL 34741
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2. Principal Place of Business - No P.O. Box # 120 Broadway	3. Mailing Address 120 Broadway
Suite, Apt. #, etc. STE. 206	Suite, Apt. #, etc. STE. 206
City & State Kissimmee, FL	City & State Kissimmee, FL
Zip 34741	Country USA

1st MOORE CR2E037 (10/07)

4. FEI Number 65-1279355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA, GAIL-L. 20 S. ROSE AVE., STE. 8 KISSIMMEE FL 34741	
7. Name and Address of New Registered Agent Name EVE D'LUGO Street Address (P.O. Box Number is Not Acceptable) 120 Broadway, Ste. 206 City Kissimmee FL 34741	

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 *Eve D'Lugo* DATE 4/14/08

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EVE D'LUGO 120 BROADWAY, STE 206 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT DWYER 800 N. MAIN STREET KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NINA DEFLORA 120 BROADWAY, STE 206 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KATHY SHAWNE 316 N. JOHN YOUNG PKWY, STE 8 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Eve D'Lugo* **EVE D'LUGO** 4/14/08 407-870-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR