

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002617

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** THE OSCEOLA BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

20 SOUTH RISE AVE, STE 6  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

20 SOUTH ROSE AVE, STE 6  
KISSIMMEE, FL 34741

**Current Mailing Address:**

20 SOUTH RISE AVE, STE 6  
KISSIMMEE, FL 34741

**New Mailing Address:**

20 SOUTH ROSE AVE, STE 6  
KISSIMMEE, FL 34741

**FEI Number:** 65-1279355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLESPIE, JOHN  
20 S. ROSE AVENUE  
STE 6  
KISSIMMEE, FL 34741 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: PD  
Name: GILLESPIE, JOHN  
Address: 20 SOUTH ROSE AVENUE, SUITE 6  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP  
Name: RAMJEAWAN, RUDRANATH RUDY  
Address: 23 S. DILLINGHAM AVE, STE B  
City-St-Zip: KISSIMMEE, FL 34741

Title: STD  
Name: FINKENBINDER, TIMOTHY L  
Address: 200 E. MONUMENT AVE, STE B  
City-St-Zip: KISSIMMEE, FL 34741

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: TIMOTHY FINKENBINDER

STD

03/17/2010

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

\_\_\_\_\_  
Date