

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009866

FILED  
May 12, 2009  
Secretary of State

**Entity Name:** THE THREE KINGS IN OSCEOLA, INC.

**Current Principal Place of Business:**

2758 EAGLE RIDGE LOOP  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3275 S. JOHN YOUNG PARKWAY  
SUITE 223  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 45-0577091      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

MOCZO-SANTIAGO, MARTA  
2758 EAGLE RIDGE LOOP  
KISSIMMEE, FL 34746 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOCZO-SANTIAGO, MARTA  
Address: 2758 EAGLE RIDGE LOOP  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: SANTIAGO, ARTURO  
Address: 2758 EAGLE RIDGE LOOP  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: ELLIS, NANCY  
Address: 2956 STILLWATER DR.  
City-St-Zip: KISSIMMEE, FL 34746

**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:

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: MARTA MOCZÓ-SANTIAGO

PD

05/12/2009

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

\_\_\_\_\_  
Date