

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010415

FILED
Apr 24, 2009
Secretary of State

Entity Name: OSCEOLA COUNTY BUSINESS AND TAXPAYER ASSOCIATION, INC.

Current Principal Place of Business:

2475 OLD HICKORY TREE ROAD
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700685
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 26-3706429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, WILLIAM J JR.
2475 OLD HICKORY TREE ROAD
ST. CLOUD, FL 34772 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: P () Delete
Name: NEWMAN, WILLIAM J JR.
Address: 2475 HICKORY TREE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: VP (X) Delete
Name: JOHNSON, MICKEY
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST CLOUD, FL 34772

Title: VP () Delete
Name: WELLS, JAMES
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: S () Delete
Name: CARDINAL, ELAINE M
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST CLOUD, FL 34772

Title: T () Delete
Name: RIFFE, NANCY
Address: P.O. BOX 702328
City-St-Zip: ST. CLOUD, FL 34770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: WELLS, JAMES W
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: S (X) Change () Addition
Name: MOLNER, HEIDY
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST CLOUD, FL 34772

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: NANCY RIFFE

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date