

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008628

FILED
Aug 29, 2012
Secretary of State

Entity Name: OWEN B.K. OSBORNE, M.D. FOUNDATION (BLACK STAR) INC.

Current Principal Place of Business:

10550 SW 12TH TERRACE
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141341
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, VASHTI A
10550 SW 12TH TERRACE
MICANOPY, FL 32667 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: PSD
Name: OSBORNE, VASHTI A
Address: 10550 SW 12TH TERRACE
City-St-Zip: MICANOPY, FL 32667

Title: VPD
Name: OSBORNE, MICHEAL
Address: 36 PICTONIE DRIVE
City-St-Zip: COMMACK, NY 11725

Title: TD
Name: SCOTT, SAMUEL
Address: 10097 CLEARY BLVD STE 265
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: LAVENTURE, SONNY
Address: UNIVERSITY OF FLORIDA, PO BOX 115803
City-St-Zip: GAINESVILLE, FL 32611

Title: D
Name: FORD, MARCUS
Address: 2814 SW 34TH ST
City-St-Zip: GAINESVILLE, FL 32611

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: VASHTI OSBORNE

PSD

08/29/2012

Electronic Signature of Signing Officer or Director

Date