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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10213

1. Corporation Name

OSCEOLA CHURCH, INC.

Principal Place of Business

**1700 E. IRLO BRONSON MEM. HWY.
KISSIMMEE FL 34744**

Mailing Address

**P O BOX 451481
KISSIMMEE FL 34745
US**



2. Principal Place of Business

21 107 Lakeview Drive
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/15/1985

4. FEI Number

59-2557790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 ST. CLOUD FL

City & State

28

Zip

24 34769

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HAYES, DANNY LUTHER
2434 N BERMUDA AVE #7
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name HAYES, Danny Luther
82 Street Address (P.O. Box Number is Not Acceptable)
14581 Velleux Drive
83
84 City Orlando FL 85 Zip Code 32837

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME JAMES BURKETT
STREET ADDRESS 4774 MALLARD DR
CITY-ST-ZIP ST CLOUD FL 34772

TITLE PD ☐ DELETE
NAME HAYES, DANNY
STREET ADDRESS 2434 N BERMUDA AVE #8
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ DELETE
NAME KEEL, JAMES M.
STREET ADDRESS 112 LAKEVIEW DR
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME DANNY HAYES
2.3 STREET ADDRESS 14581 Velleux Drive
2.4 CITY-ST-ZIP Orlando, FL 32837

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)