



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90208 016 \*\*\*\*61.25

<b>DOCUMENT # N11866</b> 1. Entity Name <b>PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC</b>					
Principal Place of Business <b>401 SIMPSON ROAD KISSIMMEE, FL 34744</b>			Mailing Address <b>401 SIMPSON ROAD KISSIMMEE, FL 34744</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2591481</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ADKINS, PAULA 2573 N STEWART KISSIMMEE, FL 34746</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-19-04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUSCHEINSKY, ANNA T 102 BEAR LAKE COURT KISSIMMEE, FL 34743</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Hawthorne, Patricia 442 Louisiana Avenue St Cloud, FL 34770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD CLIFTON, LUZ M.D. 211 VERMONT AVE. SAINT CLOUD, FL 34769</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V HOPKINS, WILLIAM 2227 SIMPSON RIDGE CT. #B KISSIMMEE, FL 34744</b>		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V Walker, Jacqueline 13001 Gator Branch Road St Cloud, FL 34773</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S PALAZZOLO, CHRISTINA R 2316 SIMPSON RIDGE CIR. APT. A KISSIMMEE, FL 34744</b>		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S VanCamp, Madonna 5805 N Kenansville Road St Cloud, FL 34773</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SR LAKIN, JOHN D 505 DELAWARE AVE. SAINT CLOUD, FL 34769</b>		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SR Patteron, Wanda 1529 Kelby Road Kissimmee, FL 34744</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD LEVRIER, WILLIAM 1795 ORANGE VISTA BLVD KISSIMMEE, FL 34746</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: William R. LeVrier</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>407-518-4557</b> <small>Date Daytime Phone #</small>	