

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11866

FILED
Apr 07, 2005
Secretary of State

Entity Name: PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC

Current Principal Place of Business:

401 SIMPSON ROAD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

401 SIMPSON ROAD
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-2591481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, PAULA
2573 N STEWART
KISSIMMEE, FL 34746 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: PD () Delete
Name: HAWTHORNE, PATRICIA
Address: 442 LOUISIANA AVENUE
City-St-Zip: SAINT CLOUD, FL 34770

Title: VD () Delete
Name: CLIFTON, LUZ M.D.
Address: 211 VERMONT AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: V () Delete
Name: WALKER, JACQUELINE
Address: 13001 GATOR BRANCH ROAD
City-St-Zip: SAINT CLOUD, FL 34773

Title: S () Delete
Name: VANCAMP, MADONNA
Address: 5805 N KENANSVILLE ROAD
City-St-Zip: SAINT CLOUD, FL 34773

Title: SR (X) Delete
Name: PATTERON, WANDA
Address: 1529 KELBY ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: TD (X) Delete
Name: LEVRIER, WILLIAM
Address: 1795 ORANGE VISTA BLVD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLORES, PHILIP
Address: 1529 KELBY ROAD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Change () Addition
Name: RIVERA, MARIA
Address: 119 LAREDO LANE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: SEC (X) Change () Addition
Name: PATTERSON, PENNY
Address: 1529 KELBY ROAD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: TR (X) Change () Addition
Name: JACK, STOKLEY
Address: 2303 ABERDEEN COURT
City-St-Zip: KISSIMMEE, FL 34743 US

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 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 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: STOKLEY JACK

TR

04/07/2005

Electronic Signature of Signing Officer or Director

Date