

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11866

**FILED**  
**Mar 14, 2011**  
**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  
Name: RIVERA, LEONOR  
Address: 158 TUPAN DRIVE  
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VP  
Name: HIRSCHKORN, ALAN .  
Address: 3536 MOUNT MARTRE #149  
City-St-Zip: ORLANDO, FL 32822 US

Title: S  
Name: NAVARRO, PAULA  
Address: 2301 ACADEMY CIRCLE W # 205  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: T  
Name: AYALA, IRAIDA  
Address: 2418 RUDDERSTONE WAY  
City-St-Zip: KISSIMMEE, FL 34744 US

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: LEONOR RIVERA

PD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date