

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2012
Secretary of State

DOCUMENT# N11866

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 (X)****Name and Address of Current Registered Agent:**ADKINS, PAULA
2573 N STEWART
KISSIMMEE, FL 34746 US**Name and Address of New Registered Agent:**ADKINS, PAULA
525 VINEYARD WAY
KISSIMMEE, FL 34759 US

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: _____

10/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SNYDER, BONNIE
Address: 850 CENTRAL PARKE CIR. APT. 203
City-St-Zip: LAKELAND, FL 33805 US

Title: VP
Name: PAGAN, DAMARIS
Address: 648 MESILLA DR.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: T
Name: LEACH, JANICE
Address: 1720 ORANGE LANE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP2
Name: PIZIAK, JENNIFER
Address: 6951 OSCEOLA POLK LINE RD. #153
City-St-Zip: DAVENPORT, FL 33896

Title: S
Name: ROBERSON, JAN
Address: 4785 NORTHWIND BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: SC
Name: IMUNDI, TERRY
Address: 11920 SKYVIEW LANE
City-St-Zip: CLERMONT, FL 34715

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: BONNIE SNYDER

PD

10/24/2012

Electronic Signature of Signing Officer or Director

Date