

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13823 (2)

1. Corporation Name

OSCEOLA BLACK SHEEP R.C. CLUB, INC.

Principal Place of Business

1529 W. EMMETT STREET  
KISSIMMEE FL 34741-5589

Mailing Address

1529 W. EMMETT STREET  
KISSIMMEE FL 34741-5589



3. Date Incorporated or Qualified  
03/13/1986

3a. Date of Last Report  
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 17133 ALPS ST

27 17133 ALPS ST.

City & State

City & State

23 Winter Garden, FL

28 Winter Garden, FL

Zip

Country

Zip

Country

24 34787 25 Orange

29 34787 30 Orange

9. Name and Address of Current Registered Agent

4. FEI Number

59-2670759

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

DORR, DONALD, E  
1529 W. EMMETT ST.  
KISSIMMEE FL 34741

81 Name

BILL C. Seidle Jr

82 Street Address (P.O. Box Number is Not Acceptable)

83

17133 ALPS ST

84 City

Winter Garden

FL

85 Zip Code

34787

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

Bill C. Seidle Jr. Bill C. Seidle Jr

3-25-96

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME SAILER, ARNOLD  
STREET ADDRESS 1814 KENTUCKY AVE.  
CITY-ST-ZIP ST. CLOUD FL

TITLE VPD ☒ DELETE  
NAME CAMERON, CLARK  
STREET ADDRESS 9906 7 AVE  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☒ DELETE  
NAME DORR, DONALD  
STREET ADDRESS 1529 W. EMMETT STREET  
CITY-ST-ZIP KISSIMMEE 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 PD ☐ Change ☐ Addition  
1.2 NAME Bill C. Seidle Jr  
1.3 STREET ADDRESS 17133 ALPS ST.  
1.4 CITY-ST-ZIP Winter Garden, FL 34787

2.1 TITLE VPD ☐ Change ☐ Addition  
2.2 NAME Jeff McCannaughy  
2.3 STREET ADDRESS 260 Country Landing Blvd.  
2.4 CITY-ST-ZIP Apopka, FL 32703

3.1 TITLE STD ☐ Change ☐ Addition  
3.2 NAME DELL HART  
3.3 STREET ADDRESS 477 Aurah Ln.  
3.4 CITY-ST-ZIP Apopka, FL 32712

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bill C. Seidle Jr. BILL C. Seidle Jr. 3-25-96 (407) 656-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)