

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18893

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** OSCEOLA WISH FOUNDATION, INC.

**Current Principal Place of Business:**

514 GOLD PARK DR  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

514 GOLFPARK DR  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

514 GOLD PARK DR  
CELEBRATION, FL 34747 US

**New Mailing Address:**

514 GOLFPARK DR  
CELEBRATION, FL 34747 US

**FEI Number:** 59-2815594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENNINGSSEN, HARALD  
514 GOLD PARK DR  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

HENNINGSSEN, HARALD  
514 GOLFPARK DR  
CELEBRATION, FL 34747 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:

01/04/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCLAIN, H. E. GENE  
Address: 920 NORTH BERMUDA AVENUE, SUITE 201  
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete  
Name: PATTERSON, BRIAN M  
Address: 3722 GRISSOM LANE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: HENNINGSSEN, HARALD  
Address: 514 GOLD PARK DR  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HARALD HENNINGSSEN

TR

01/04/2005

Electronic Signature of Signing Officer or Director

Date