FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB -9 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21676 (4)

1. Corporation Name

THE FOUNDATION FOR OSCEOLA EDUCATION, INC.

Principal Place of Business	Mailing Address
101 PARK PLACE SUITE 4 KISSIMMEE FL 34741	P. O. BOX 420975 SUITE 4 KISSIMMEE FL 34742-0975 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1987
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-2960396 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 817 BULL BECK BLVD	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE FLORIDA	City & State 28
Zip / Country 24 34744 / 25 USA	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOMPKINS, TOMMY
1637 EAST VINE STREET
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81 Name: 1 000001 40 32 81
82 Street Address (P.O. Box Number is Not Acceptable): 05--01061--009 *****61.25 *****61.25
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 1/18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	IRLO (BUD) BRONSON, JR.	1.2 NAME	TOMMY TOMKINS
STREET ADDRESS	1620 N LYNDELL DR.	1.3 STREET ADDRESS	1731 BUGGY CREEK Rd.
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, TOMMY	2.2 NAME	
STREET ADDRESS	1637 EAST VINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	THACKER, CATHY C.	3.2 NAME	GEORGE N. VISE JR
STREET ADDRESS	814 HASTINGS DR.	3.3 STREET ADDRESS	304 LAPAZ DRIVE
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	PD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	SIMPSON, KATHY	4.2 NAME	KENNETH Y SMITH
STREET ADDRESS	P.O. BOX 10000 N/A	4.3 STREET ADDRESS	2000 SHADOW OAKS Rd
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	BRYANT, DONNA	5.2 NAME	DONNA BRYANT
STREET ADDRESS	17 S. VERNON ST.	5.3 STREET ADDRESS	17 S. VERNON ST
CITY-ST-ZIP	KISSIMMEE FL 34741	5.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	TLS 2/9/95
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: [signature] GEORGE N. VISE JR 1/18/95 (407) 870-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Area Code & Daytime Phone #

000038