

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N21676 (4)
1. Corporation Name

THE FOUNDATION FOR OSCEOLA EDUCATION, INC.

Principal Place of Business

817 BILL BECK BLVD.
KISSIMMEE FL 34744

Mailing Address

P. O. BOX 420975
SUITE 4
KISSIMMEE FL 34742-0975
US3. Date Incorporated or Qualified
07/23/19873a. Date of Last Report
01/25/19964. FEI Number
59-2960396Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 Kenneth Smith
82 Street Address (P.O. Box Number is Not Acceptable)
2000 Shadow Oaks Rd.
83
84 City Kissimmee FL 85 Zip Code 34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WISE, GEORGE N. JR.	
STREET ADDRESS	304 LAPAZ DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	TOMPKINS, TOMMY	
STREET ADDRESS	1637 EAST VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, KENNY Y.	
STREET ADDRESS	2000 SHADOW OAKS RD.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, DONNA	
STREET ADDRESS	173 VERNON ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARENCE THACKER	
1.3 STREET ADDRESS	83 ADAMS AVE	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SARA LEWIS	
2.3 STREET ADDRESS	4501 NEPTUNE ROAD	
2.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pam Ollis	
4.3 STREET ADDRESS	6600 Bayshore Drive	
4.4 CITY-ST-ZIP	ST. CLOUD, FL 34771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

KISSIMMEE, FL 34744 KENNETH Y. 1-17-97 (407) 870-4835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)