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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **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
US

3. Date Incorporated or Qualified

07/23/1987

4. FEI Number

59-2960396

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

KENNETH SMITH
2000 SHADOW OAKS RD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE

NAME **CLARENCE THACKER**
STREET ADDRESS **23 ADAMS AVE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VD** ☒ DELETE

NAME **SARA LEWIS**
STREET ADDRESS **4501 NEPTUNE RD**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **PD** ☐ DELETE

NAME **SMITH, KENNY Y.**
STREET ADDRESS **2000 SHADOW OAKS RD.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **SD** ☐ DELETE

NAME **PAM OLLIS**
STREET ADDRESS **6660 BAYSHORE DR**
CITY-ST-ZIP **ST CLOUD FL**

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 **C/D** ☐ Change ☒ Addition

1.2 NAME **Tom Tompkins**
1.3 STREET ADDRESS **1731 Boggy Creek Road**
1.4 CITY-ST-ZIP **Kissimmee, FL 34744**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **PABY HEBNER**
2.3 STREET ADDRESS **1818 Admiral Court**
2.4 CITY-ST-ZIP **Kissimmee, FL 34744**

3.1 TITLE **T/D** ☐ Change ☒ Addition

3.2 NAME **Ken Bradley**
3.3 STREET ADDRESS **200 Hilda Street**
3.4 CITY-ST-ZIP **Kissimmee, FL 34741**

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 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:

[Signature] **RED**

(407) 870-4855

1-6-98

CR2E037 (10/97)