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Jan 25, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21676**

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/23/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2960396

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNETH SMITH
2000 SHADOW OAKS RD
KISSIMMEE FL 34744**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE

NAME **TOMPKINS, TOM**
STREET ADDRESS **1731 BOGGY CREEK RD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **HEFFNER, PATSY**
STREET ADDRESS **1818 ADMIRAL CT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

2.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **BRADLEY, KEN**
STREET ADDRESS **200 HILDA ST**
CITY-ST-ZIP **KISSIMMEE FL 3474**

3.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

KENNETH SMITH **KENNETH SMITH** **1-347 (407) 870-4835**

CR2E037 (11/98)