

2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT REINSTATEMENT

APPROVED
AND
FILED

06 OCT 23 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21676

1. Entity Name
THE FOUNDATION FOR OSCEOLA EDUCATION, INC.



Principal Place of Business
1017 BULLOCK ROAD
KISSIMMEE, FL 34744

Mailing Address
PO BOX 140075
SUITE XX
KISSIMMEE, FL 34742-0075

REINSTATEMENT



2. Principal Place of Business
2310 New Beginnings Rd.

3. Mailing Address
2310 New Beginnings Rd.

Suite, Apt. #, etc.
118

Suite, Apt. #, etc.
118

09112006 Chg-NP CR2E037 (4/06)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number
59-2960396

Applied For
Not Applicable

Zip Country
34744 Osceola

Zip Country
34744 Osceola

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

XXXXXXXXXXXX
2000 SHADOW OAKS RD
KISSIMMEE, FL 34744
XXXXXXXXXXXX

7. Name and Address of New Registered Agent

Name Chief Operating Officer/

Kathy Carr - Executive Director

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

2310 New Beginnings Rd. Suite 118

City Kissimmee FL Zip Code 34744

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Kathy Carr

10/17/06

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME TOMPKINS, TOM
STREET ADDRESS 1731 BOGGY CREEK RD
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE VC ☐ Delete
NAME EDWARDS, PETE
STREET ADDRESS 1055 PARTIN DRIVE
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE TD ☐ Delete
NAME BORDERS, SANDY
STREET ADDRESS 3229 HERONS POINT CIR
CITY - ST - ZIP KISSIMMEE, FL 34741

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition
NAME Kathy Carr - Executive Director
STREET ADDRESS 2310 New Beginnings Rd., Ste 118
CITY - ST - ZIP Kissimmee, FL 34744

☐ Change ☐ Addition
NAME 200090306762
STREET ADDRESS 09/29/06--01051--013 **81.00
CITY - ST - ZIP

☐ Change ☐ Addition
NAME 200090306762
STREET ADDRESS 10/31/06--01078--010 **165.00
CITY - ST - ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Carr

Kathy Carr

10/17/06

407-518-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #