

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N21676

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



Principal Place of Business

**2310 NEW BEGINNINGS RD, SUITE 118
KISSIMMEE, FL 34744 US**

Mailing Address

**2310 NEW BEGINNINGS RD, SUITE 118
KISSIMMEE, FL 34744 US**



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2960396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARR, KATHY
2310 NEW BEGINNINGS RD, SUITE 118
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	EDWARDS, PETE
STREET ADDRESS	1055 PARTIN DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VC
NAME	HAWKINS, FRED
STREET ADDRESS	1501 OMNI WAY
CITY-ST-ZIP	SAINT CLOUD, FL 34773
TITLE	TD
NAME	BORDERS, SANDY
STREET ADDRESS	3229 HERONS POINT CIR
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	SD
NAME	OLLIS, PAM
STREET ADDRESS	6660 BAY SHORE DR
CITY-ST-ZIP	ST CLOUD, FL 34771
TITLE	ED
NAME	CARR, KATHY
STREET ADDRESS	2310 NEW BEGINNINGS RD, SUITE 118
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000846477

03/18/08-80028-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #