## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33975

FILED Jan 26, 2009 Secretary of State

Entity Name: OSCEOLA CLASSROOM TEACHERS ASSOCIATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

722 MABBETTE ST. KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

722 MABBETTE ST.

KISSIMMEE, FL 34741 US

FEI Number: 59-1717308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSHLOW, SANDRA DONATO, KATHY 722 MABBETTE ST. 722 MABBETTE ST.

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

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.

SIGNATURE: KATHY DONATO 01/26/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 RUSHLOW, SANDRA
 Name:
 DONATO, KATHY

 Address:
 1410 SIERRA CIR
 Address:
 6405 SHORELINE CT

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 ST CLOUD, FL 34771

Title: SD () Delete Title: SD (X) Change () Addition Name: JACKSON, APRYLE Name: LACOUNT, EDNA

Address: 14 WAGON CIR Address: 52 W MARBRISA WAY
City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$ 

 Name:
 CHASE, CYNTHIA
 Name:
 JACKSON, APRYLE

 Address:
 4108 CANNON CT
 Address:
 14 WAGON CIR

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34743

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 DONATO, KATHY
 Name:
 RUSHLOW, SANDRA

 Address:
 6405 SHORELINE CT
 Address:
 1410 SIERRA CIR

 City-St-Zip:
 ST CLOUD, FL 34771
 City-St-Zip:
 KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY DONATO PD 01/26/2009