


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90042 024 ****61.25

DOCUMENT # N35214 1. Entity Name OSCEOLA COUNTY WAGON TRAIN AND TRAIL RIDE, INC.					
Principal Place of Business 6801 OLD MELBOURNE HWY SAINT CLOUD, FL 34771 US				Mailing Address PO BOX 420342 KISSIMMEE, FL 34742-0342 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02122004 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURDOCK, LES 6801 OLD MELBOURNE HWY KISSIMMEE, FL 34741			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Les R. Murdock</u> 2/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASTLEBERRY, JOAN		NAME	Richichi, John P.	
STREET ADDRESS	954 S HOAGLAND BLVD		STREET ADDRESS	4475 LaSalle Avenue	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	St. Cloud, Florida 34772	
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURDOCK, LES		NAME	Murdock, Les	
STREET ADDRESS	3801 OLD MELBOURNE HWY		STREET ADDRESS	6801 Old Melbourne Highway	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	St. Cloud, Florida 34771	
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JESSEE, CHERYL		NAME	Jessee, Cheryl	
STREET ADDRESS	1758 R.F. BRANCH RD		STREET ADDRESS	1758 R S Ranch Road	
CITY-ST-ZIP	ST. CLOUD, FL 34772		CITY-ST-ZIP	St. Cloud, Florida 34771	
TITLE	VP <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWE, REX		NAME	Rowe, Rex	
STREET ADDRESS	PO BOX 520		STREET ADDRESS	6495 Old Melbourne Highway	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848		CITY-ST-ZIP	St. Cloud, Florida 34771	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROOKS, SHELBE		NAME	Fielitz, Alan L.	
STREET ADDRESS	5550 CYRILS DR		STREET ADDRESS	1740 Big Oak Lane	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	Kissimmee, Florida 34746	
TITLE	D <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAUSS, LESLIE		NAME	Strauss, Leslie	
STREET ADDRESS	PO BOX 700012		STREET ADDRESS	P.O. Box 700012	
CITY-ST-ZIP	ST. CLOUD, FL 34770		CITY-ST-ZIP	St. Cloud, Florida 34770	
12. 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 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: <u>Cheryl M. Jessee</u> 2/11/04 407-870-4027 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					