

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35214

FILED
Apr 03, 2009
Secretary of State

Entity Name: OSCEOLA COUNTY WAGON TRAIN AND TRAIL RIDE, INC.

Current Principal Place of Business:

2289 ELDORADO CT.
SAINT CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 702513
SAINT CLOUD, FL 34770 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORD, JEFF
2289 ELDORADO CT.
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORD, JEFF
Address: 2289 ELDORADO CT.
City-St-Zip: ST CLOUD, FL 34771

Title: VP () Delete
Name: WILLS, MEL
Address: 1901 LEMON AVE.
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: LUX, LYNN
Address: 1450 LAKE MARIAN RD.
City-St-Zip: KENANSVILLE, FL 34739

Title: D () Delete
Name: NORRIS, CHUCK
Address: 3405 S DELAWARE AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: BOWEN, LISA
Address: 3268 RAMBLER AVE.
City-St-Zip: ST. CLOUD, FL 34772

Title: S () Delete
Name: REDDITT, MINDY
Address: P.O. BOX 883
City-St-Zip: CHRISTMAS, FL 32709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMELLER, KYRA
Address: 8820 GREEN OAK LANE
City-St-Zip: POLK CITY, FL 33868

Title: T (X) Change () Addition
Name: LUX, SARAH L
Address: 1450 LAKE MARIAN RD.
City-St-Zip: KENANSVILLE, FL 34739

Title: D (X) Change () Addition
Name: MERIWEATHER, KIETH
Address: 5151HARKLEY-RUNYAN ROAD
City-St-Zip: SAINT CLOUD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WARD, STACIE
Address: 11124 SANDY RIDGE
City-St-Zip: CLERMONT, FL 34714

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: SARAH L LUX

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date