

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35214

FILED
Apr 17, 2011
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
Name: FORD, JEFF
Address: 2289 ELDORADO CT.
City-St-Zip: ST CLOUD, FL 34771

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

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

Title: D
Name: BURROUGHS, MIKE
Address: 6379 N. CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: OREILLY, KEVIN
Address: 4305 CYPRESS DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: S
Name: WARD, STACIE
Address: 11124 SANDY RIDGE
City-St-Zip: CLERMONT, FL 34714

I hereby 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 all other like empowered.

SIGNATURE: SARAH LYNN LUX

TRES

04/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date