FILED May 01, 1999 8:00 am § Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Katherine Harris Consultant of Chain

FLORIDA DEPARTMENT OF STATE

711114	WILLIAM !	O COLUMN TO SERVICE	Secretai	y or Stat	.0		ſ		J			
1	1999	V. 18	DIVISION OF	CORPOR	ATIO	ONS		05-01-1999	90072 040	****61.2	5	
DOCUI	MENT # N45	5244										
FRIENDS OF OSCEOLA CHILDREN, INC.												
I HILITO OF COCCOLA CHILDHILM, NAC.								466977 - 90072 - 40				
									_			
Principal Place	e of Business		Mailing Address									
717 WEST BRYAN STREET			717 WEST BRYAN STREET				Ì					
KISSIMMEE FL 34741 KISSIMMEE FL 34741												
							}					
•								·				
2. Principal P	lace of Business	<u> </u>	a. Mailing Address	='			} ;	 Date Incorporated or Qualife 	d		Ì	
21	# -1-	26	Suite, Apt. #, etc.				— <u>+</u>	09/20/1991 4. FEI Number		l Ani	olied For	
Suite, Apt.	#, etc.	27	7				\	59-3093016			Applicable	
City & State	e		City & State			- ,				\$8.75 A		
23		28						5. Certifcate of Status Desired		Fee Re	quired	
Zip	Country		Zip		intry		-1	6. Election Campaign Financing	g _	\$5.00	• 1	
24	25	29		30	т			Trust Fund Contribution		Added to	Fees	
	9. Name and Address	of Current Reg	istered Agent		81	Name		0. Name and Address of New	Veftisteren v	daur		
CDDV DC	MACKINA A ECOLUDE							/D O D 11 hards Nath				
EDDY, DOMENIA A ESQUIRE 717 WEST BRYAN STREET					82	Street	Address	(P.O. Box Number is Not Accep	otable)			
KISSIMMEE FL 34741					83							
Modifina					84	City				85 Zip C	code	
					1 1	•			<u>FL</u>	1	i	
11. Pursuant	to the provisions of Section	s 617.0502 and	617.1508, Florida Statut	es, the a	bove	-named	corporat	tion submits this statement for the	ne purpose of a cept the appoin	changing its itment as rec	registered gistered	
agent. I a	m familiar with, and accept	the obligations	of, Section 617.0503, Flo	rida Stat	utes.			board of directors. I hereby acc	-1	`		
SIGNATURE	Signature, typed or printed name of re		NOTE (NOTE	· Oscietaras	1 Agent	eignotura r	equired whe	en reinstating)	DATE			
12.		CERS AND DIF		13.	Ageili	agnature i	edoned Mile	ADDITIONS/CHANGES TO C		D DIRECTO	R\$ IN 12	
TITLE	SD		☐ DELETE	1.1 TI	TLE		YD			Change	☐ Addition	
NAME	BUTLER, KAREN			1.2 N	AME		-					
STREET ADDRESS	2534 E NEPTUNE RD			1.3 \$	TREET	ADORESS					ĺ	
CITY-ST-ZIP	KISSIMMEE FL 34741			1.4 C	ITY-ST	-ZIP						
TITLE	VD	~(_a +	DELETE	2.1 T!			ļ			☐ Change	Addition	
NAME	ROSE, RICHARD	=		2.2 N								
STREET ADDRESS	1605 N. BERMUDA AV	ENUE				ADDRES\$					ĺ	
CITY-ST-ZIP	KISSIMMEE FL-34741		☐ DELETE	2. 4 C	TY-ST	<u>[-Z]P</u>	PD			Change	Addition	
TITLE	EDDY, DOMENICA A		- OCCLIC	3.1 N			ro			4		
NAME STREET ADDRESS	717 WEST BRYAN ST	REFT				ADDRESS	}					
CITY-ST-ZIP	KISSIMMEE FL 34741	1661			ITY-SI							
TITLE			☐ DELETE	4.1 TI			SD	7.57		Change	Addition	
NAME				4. 2 N	IAME		LES	LEY SCOTT				
STREET ADDRESS	H			4.3 S	TREET	ADDRE\$\$	717	W. BRYAN SI.				
CITY-ST-ZIP			~ _		ITY-ST	-ZIP		<u>simmee, Fl 3</u>	34741		OT A see	
TITLE			☐ DELETE	5.1 TI			17			Change	⚠ Addition	
NAME				5.2 N		4BBE===	KOB	BERT ROTHFELD IN. CENTRAL A	VE.			
STREET ADDRESS				5.3 S	IKEE T	ADDRESS	וסטין	I TO CONTRACT		I t t		

CITY-ST-ZIP : 5 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: X

CITY-ST-ZIP

NAME 1

STREET ADDRESS

TITLE

KISSIMMEE, FL

☐ Addition

Change