FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # N45244** 04-18-2000 90230 046 ****61.25 FRIENDS OF OSCEOLA CHILDREN, INC. Principal Place of Business Mailing Address 717 WEST BRYAN STREET 717 WEST BRYAN STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741-5409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3093016 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EDDY, DOMENIA A ESQUIRE 717 WEST BRYAN STREET KISSIMMEE FL 34741 Zip Code 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. SIGNATURE nature, typed or printed name of registered (NOTE, Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE Change BUTLER, KAREN NAME NAME STREET ADDRESS 2534 E NEPTUNE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Kissimmee FL 34741 ICKI ARAMS-PID 2322 CARLAGE RUN RA KISTIMME FL 34741 PD X Delete Change Addition TITLE TITLE EDDY, DOMENICA A NAME NAME STREET ADDRESS STREET ADDRESS 7.17. WEST BRYAN STREET CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TARMEN R. TORRES 3803 OAK PT CT SD X Delete TITLE Addition A TITLE SCOTT, LESLEY NAME NAME STREET ADDRESS 717 W BRYAN ST STREET ADDRESS Kissimull FL34746 JIM NASCEM Schange 966 (ALIFORNIA WOODS CIR. City-St-ZiP CITY-ST-ZIP KISSIMMEE FL 34741 Addition Delete TITLE ROTHFELD, ROBERT 1001 N CENTRAL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition