5/13

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State
05-13-2002 90072 033 ****61.25

DOCUMENT # N45244

1. Entity Name
Friends of Osceola Children Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2901 Willow Oak Ct.	P.O. Box 452377
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, Fl	City & State: Kissimmee, Fl
Zip: 34744 Country: USA	Zip: 34745 Country: USA

4. FEI Number: 59-309-8016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Alfred Torres, Esq.
Street Address (P.O. Box Number is Not Acceptable): 911 N. Main Street, Ste #5
City: Kissimmee FL Zip Code: 34744

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: Alfred Torres — Attorney — 4-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President Butler. Director
NAME	Karen E.
STREET ADDRESS	2901 Willow Oak Ct.
CITY-ST-ZIP	Kissimmee, Fl 34744
TITLE	Vice-President Director
NAME	Carmen R. Torres
STREET ADDRESS	3808 Oak Pointe Ct
CITY-ST-ZIP	Kissimmee, Fl 34746
TITLE	Secretary Director
NAME	Donna Dorer
STREET ADDRESS	3111 Crane's Cove Loop
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	Acting Treasurer
NAME	Carmen R. Torres
STREET ADDRESS	3808 Oak Pointe Ct
CITY-ST-ZIP	Kissimmee, Fl 34746
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen E. Butler — President — 4-30-02 — 407-846-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #