

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90036 008 *****70.00

DOCUMENT # N45244 1. Entity Name FRIENDS OF OSCEOLA CHILDREN, INC.					
Principal Place of Business 2901 WILLOW OAK CT KISSIMMEE, FL 347-44 9				Mailing Address P.O. BOX 452377 KISSIMMEE, FL 34745	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TORRES, ALFRED 911 N MAIN STREET STE #5 KISSIMMEE, FL 34744				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MILLER, KAREN BUTLER		NAME		
STREET ADDRESS	2901 WILLOW OAK CT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TORRES, CARMEN R		NAME		
STREET ADDRESS	3803 OAK POINTE CT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BERG, SUSAN		NAME		
STREET ADDRESS	747 VIRGINIA WOODS LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ESCANDER, ADRIANA		NAME	SD JACKIE DALTON	
STREET ADDRESS	113 GREEN COVE CT.		STREET ADDRESS	732 LOUISIANA AVE.	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: X Karen Butler Miller SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-04-04 (407) 847-6048 Date Daytime Phone #		