

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90150 049 ****61.25

DOCUMENT # N45244	
1. Entity Name FRIENDS OF OSCEOLA CHILDREN, INC.	



Principal Place of Business 2901 WILLOW OAK CT KISSIMMEE, FL 34744 9	Mailing Address P.O. BOX 452377 KISSIMMEE, FL 34745
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3093016		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, ALFRED 911 N MAIN STREET STE #5 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name <u>KATHY WANDEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>1410 RIVIERA DR.</u> City <u>KISSIMMEE</u> FL Zip Code <u>34744</u>	
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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 Kathy Wandel DATE 3/31/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to - Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, KAREN BUTLER 2901 WILLOW OAK CT KISSIMMEE, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TORRES, CARMEN R 3803 OAK POINTE CT KISSIMMEE, FL 34746 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERG, SUSAN 747 VIRGINIA WOODS LANE ORLANDO, FL 32824 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALTON, JACKIE 732 LOUISIANA AVE SAINT CLOUD, FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KATHY WANDEL 1410 RIVIERA DR. KISSIMMEE, FL 34744 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President SUSAN CRUTCHFIELD 3163 ORANGE BL. TRAIL KISSIMMEE, FL 34744 ☐ Change ☒ Addition

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: Kathy Wandel KATHY WANDEL DATE 3/31/05 407-847-0554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR