

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90033 038 ****70.00

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



Principal Place of Business
**TWO COURTHOUSE SQUARE
 SUITE 344 - GAL OFFICE
 KISSIMMEE, FL 34741 US**

Mailing Address
**P.O. BOX 452377
 KISSIMMEE, FL 34745**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
Suite 3400

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**WANDEL, KATHY
 1410 RIVIERA DR
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

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 Kathy Wandel
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, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KAREN BUTLER 2901 WILLOW OAK CT KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.D. Escander 113 Green Cove Court KISSIMMEE, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DALTON, JACKIE 732 LOUISIANA AVE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcia Doubet D 1455 Riviera Dr KISSIMMEE FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WANDEL, KATHY 1410 RIVIERA DR KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Street 16 N. Orlando Ave Kissimmee FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CRUTCHFIELD, SUSAN 4345 REAVES RD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PALMER, JANICE 704 HONEYSUCKLE AVE CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Waterman Osceola County Courthouse 2 Courthouse Sq - IT Dept Kissimmee FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linder Snider 12231 Bronson Way Orlando, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-9-07 407-346-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40000



04042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3093016

Applied For
 Not Applicable

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