

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90090 034 ****61.25

DOCUMENT # N45244

1. Entity Name
FRIENDS OF OSCEOLA CHILDREN, INC.



Principal Place of Business
**TWO COURTHOUSE SQUARE
SUITE 3400 - GAL OFFICE
KISSIMMEE, FL 347-4 US**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008

Chg-NP

CR2E037 (12/06)

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D** ☐ Delete
NAME **MILLER, KAREN BUTLER**
STREET ADDRESS **2901 WILLOW OAK CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **S/D** ☐ Delete
NAME **DALTON, JACKIE**
STREET ADDRESS **732 LOUISIANA AVE**
CITY-ST-ZIP **SAINT CLOUD, FL 34769**

TITLE **P/D** ☐ Delete
NAME **WANDEL, KATHY**
STREET ADDRESS **1410 RIVIERA DR**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **D** ☐ Delete
NAME **CRUTCHFIELD, SUSAN**
STREET ADDRESS **4345 REAVES RD**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **VD** ☒ Delete
NAME **ESCANDER, A.D.**
STREET ADDRESS **113 GREEN COVE COURT**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☐ Change ☒ Addition
NAME **Charles Waterman**
STREET ADDRESS **207 E Cedarwood Circle**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **T/D** ☐ Change ☒ Addition
NAME **LINDER SNIDER**
STREET ADDRESS **12231 BRONSON WAY**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08
Date

4078470554
Daytime Phone #