2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State

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

DOCUMENT # N45244 FRIENDS OF OSCEOLA CHILDREN, INC. 400177 Principal Place of Business Mailing Address TWO COURTHOUSE SQUARE P.O. BOX 452377 SUITE 3400 - GAL OFFICE KISSIMMEE, FL 347-4 US KISSIMMEE, FL 34745

MAME STREET ADDRESS 2901 WILLOW OAK CT STREET ADDRESS CITY-SI-ZIP KISSIMMEE, FL 34744 SITULE SID Delete STREET ADDRESS TO STREET ADDRESS CITY-SI-ZIP SAINT CLOUD, FL 34769 ITTLE P/D Delete STREET ADDRESS CITY-SI-ZIP SAINT CLOUD, FL 34769 ITTLE P/D Delete STREET ADDRESS CITY-SI-ZIP SAINT CLOUD, FL 34769 ITTLE D Delete STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-											
City & State Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address				IEM BUBIL BIBU BI			
Source S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008	Chg-NP	CR2E037 (12/06)		
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Recyclind See Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	City & State	9	City & State	City & State					-	 	
S. Conflictate of Status Desired Fee Required	7in Country		7in	Count		59-50950	710	60			
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	1410 RIVIERA DR										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or presed name of registered agent and labe if applicable. (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Delete of Title. The	KISSIMMEE, FL 34744										
SIGNATURE Filing Fee is \$81.25					City	 		FL	Zip Cod	е	
Filing Fee is \$61.25	the obligat		or the purpose of changing	its registered	office or reg	istered agent, or both,	in the State of Flori	da. I am fam	iliar with,	and accept	
Due by May 1, 2008		Signeture, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered A	gent signature re	quired when reinstating)		DATE			
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NAME ESCANDER, A.D. NAME STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP CITHE Delete TITLE NAME STREET ADDRESS	name Street address	CRUTCHFIELD, SUSAN 4345 REAVES RD	☐ Delete	NAME STREET			7	C	} Change	Addition	
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	name Street adoress		☐ Delete	name Street	i				Change	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 charged, or on an attachment with an address, with all other like empowered.

Katty Wandel Kathy Wandel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/17/08 407847.0554 SIGNATURE: