

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004874

FILED
Mar 07, 2007
Secretary of State

Entity Name: OSCEOLA AIRBOAT ASSOCIATION, INC.

Current Principal Place of Business:

1790 SUNDANCE DR
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701446
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 59-3211164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTIN, CHARLENE
1790 SUNDANCE DR.
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, EDDIE
Address: 4465 FARRY BESS RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: S () Delete
Name: PARTIN, CHARLENE
Address: 1790 SUNDANCE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: P () Delete
Name: BASTIN, BILLY
Address: 4230 QUAIL RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: T () Delete
Name: MUNNS, ART
Address: 401 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: STIDHAM, EARL
Address: 3750 LAKEVIEW ACRES
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP () Delete
Name: WATSON, RAY
Address: 1324 CINDER LANE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SMITH, EDDIE
Address: 3525 GREENACRES ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARTIN, JOHN L
Address: 1790 SUNDANCE DRIVE
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE PARTIN

S

03/07/2007

Electronic Signature of Signing Officer or Director

Date