

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004874

FILED
Mar 10, 2009
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: VP () Delete
Name: WILSON, JR
Address: 4814 OAKWOOD DRIVE
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: BREISINGER, JEFF
Address: 4801 OAKWOOD DRIVE
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: SEXTON, JOHN
Address: 2736 ORCHID LANE
City-St-Zip: KISSIMMEE, FL 34744

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/10/2009

Electronic Signature of Signing Officer or Director

Date