

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004874

FILED  
Mar 06, 2012  
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:**

PO 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  
Name: WILSON, J R  
Address: PO BOX 700511  
City-St-Zip: SAINT CLOUD, FL 34770

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

Title: P  
Name: BREISINGER, RHONDA  
Address: 3750 LAKEVIEW ACRES ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

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

Title: D  
Name: BREISINGER, JEFF  
Address: 3750 LAKEVIEW ACRES ROAD  
City-St-Zip: ST. CLOUD, FL 34772

Title: D  
Name: CLARK, TERRY  
Address: PO BOX 700575  
City-St-Zip: ST. CLOUD, FL 34770

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE PARTIN

S

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date