

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000349	
1. Entity Name OSCEOLA BIBLE CHAPEL, INC.	

Principal Place of Business 4135 BERGAMONT COURT K KISSIMMEE, FL 34746	Mailing Address 4135 BERGAMONT COURT K KISSIMMEE, FL 34746
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01132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3227823	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEPIC, DONALD E 4135 BERGAMONT COURT KISSIMMEE, FL 34746	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLETT, LESLIE P 6 WISCONSIN AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEPIC, DONALD E 4135 BERGAMONT CT. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCOY, TERRY 4229 POPLAR WAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/08-80089-021 61.25

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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: Donald E. Lopic 3/6/08 407 870 9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #