

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000877

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** MID-FLORIDA "O" SCALERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1446  
MT DORA, FL 32756

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1446  
MT DORA, FL 32756

**New Mailing Address:**

**FEI Number:** 59-3250893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'NEILL, BERNARD C JR.  
200 E ROBINSON ST  
ORLANDO, FL 32801 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: P ( ) Delete  
Name: HUGHES, DON  
Address: 4810 SEMINOLE AVE  
City-St-Zip: WINTER PARK, FL 32782

Title: VP ( ) Delete  
Name: MIDDLEMAS, BILL  
Address: 3917 ACOMA DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: DUSENBURY, WILLIAM  
Address: 1006 GRIFFITH RD  
City-St-Zip: LEESBURG, FL 34748

Title: T ( ) Delete  
Name: ESLICK, MARO  
Address: 3780 BRANCH AVE  
City-St-Zip: MT DORA, FL 327574504

Title: SD ( ) Delete  
Name: ESLICK, NOELLE  
Address: 5256 CR 171  
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Delete  
Name: DUSENBURY, WILLIAM  
Address: 1006 GRIFFIN ROAD  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GOUGH, EARL  
Address: 919 ALASKA WOODS LANE  
City-St-Zip: ORLANDO, FL 32824

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

Title: T (X) Change ( ) Addition  
Name: ESLICK, NOELLE  
Address: 5256 COUNTY ROAD 171  
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition  
Name:  
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 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: NOELLE ESLICK

SD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date