

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000877

FILED
May 04, 2009
Secretary of State

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

Current Principal Place of Business:

5256 COUNTY ROAD 171
WILDWOOD, FL 34785

New Principal Place of Business:

1612 ARROWHEAD TRAIL
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 73
WILDWOOD, FL 34785 US

New Mailing Address:

1612 ARROWHEAD TRAIL
CLERMONT, FL 34711

FEI Number: 59-3250893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 16012 ARROWHEAD TRAIL
City-St-Zip: CLERMONT, FL 34711 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUGHES, DONALD
Address: 16012 ARROWHEAD TRAIL
City-St-Zip: CLERMONT, FL 34711 US

Title: VP (X) Change () Addition
Name: WALSH, CHRISTOPHER R
Address: 309 SPRING VALLEY DRIVE
City-St-Zip: ALTAMONT SPRINGS, FL 32714

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

Title: T (X) Change () Addition
Name: HUGHES, JO ANN
Address: 16012 ARROWHEAD TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change () Addition
Name: HUGHES, JO ANN
Address: 1612 ARROWHEAD TRAIL
City-St-Zip: CLERMONT, FL 34711

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: DONALD HUGHES

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date