

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001118 (8)

1. Corporation Name

BRAVO COMMUNITY SERVICE OF OSCEOLA, INC.



Principal Place of Business

**501 FLORIDA PKWY.
KISSIMMEE FL 34743**

Mailing Address

**P. O. BOX 430591
KISSIMMEE FL 34743
US**

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3230819

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORO, DOMINGO
2679 FOREST VIEW LANE
KISSIMMEE FL 34744**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D TORO, DOMINGO**
STREET ADDRESS **2879 FOREST VIEW LANE**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D COLON, GERMAN**
STREET ADDRESS **259 E. CEDARWOOD CIR.**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D VALENTIN, LUPERCIO**
STREET ADDRESS **230 CORAL REEF CR**
CITY-ST-ZIP **KISSIMMEE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D ROGERS, BLAKE**
STREET ADDRESS **4187 WESLEY CT**
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **ARMANDO R. RAMIREZ**
4.3 STREET ADDRESS **1502 JASON ST.**
4.4 CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☒ DELETE
NAME **TD LAUREANO, MARTA**
STREET ADDRESS **197 WATT LANE UNIT B**
CITY-ST-ZIP **KISSIMMEE FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **TD MIRIAM M. ARROYO**
5.3 STREET ADDRESS **212 OLIVEWOOD CT.**
5.4 CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ DELETE
NAME **SD BISCAINO, AIDA**
STREET ADDRESS **131 JALAPA DR**
CITY-ST-ZIP **KISSIMMEE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

German Colon **GERMAN COLON**

3-21-96

407-348-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)