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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34743-0591  
US



3. Date Incorporated or Qualified  
03/03/1994

3a. Date of Last Report  
03/26/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 D ☐ DELETE  
NAME TORO, DOMINGO  
STREET ADDRESS 2679 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 D ☐ DELETE  
NAME 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 D ☐ DELETE  
NAME 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 D ☐ DELETE  
NAME RAMIREZ, ARMANDO  
STREET ADDRESS 1502 JASON STREET  
CITY-ST-ZIP KISSIMMEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME ARROYO, MIRIAM M.  
STREET ADDRESS 212 OLIVEWOOD COURT  
CITY-ST-ZIP KISSIMMEE FL

5.1 TITLE TD ☒ Change ☐ Addition  
5.2 NAME SALLY HERRERA  
5.3 STREET ADDRESS 4185 QUAILWOOD DR.  
5.4 CITY-ST-ZIP ST. CLOUD, FL. 34772

TITLE SD ☐ DELETE  
NAME 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069913

CR2E037 (9/96)