

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004539 (2)

1. Corporation Name

**OSCEOLA ART FESTIVAL, INC. KISSIMMEE/ST. CLOUD J
UNIOR CHAMBER OF COMMERCE**

Principal Place of Business

**1520 E. OAK LEAF LANE
KISSIMMEE FL 34744
US**

Mailing Address

**P.O. BOX 420519
KISSIMMEE FL 34742-0519
US**



3. Date Incorporated or Qualified
09/15/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**HIGDON, DONNA S
1520 E. OAK LEAF LANE
KISSIMMEE FL 34744**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1201 W. Emmett Street

83

84 City

Kissimmee

FL

85 Zip Code
34741

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 **DP** ☐ DELETE
NAME **HIGDON, DONNA S**
STREET ADDRESS **1520 E. OAK LEAF LANE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE **DV** ☐ DELETE
NAME **MCLOUGHLIN, PHYLLIS**
STREET ADDRESS **1204 NORTH ROYAL ST.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DV**
2.3 STREET ADDRESS **Robert Kuntz**
2.4 CITY-ST-ZIP **918 S. Park Court**
Kissimmee, FL 34741

TITLE **DST** ☒ DELETE
NAME **KUNTZ, MARIEA M**
STREET ADDRESS **4804 ORIOLE DRIVE**
CITY-ST-ZIP **ST. CLOUD FL 34772**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DS**
3.3 STREET ADDRESS **Phyllis McLoughlin**
3.4 CITY-ST-ZIP **1204 N. Royal St.**
Kissimmee, FL 34744

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS **Rick Clark**
4.4 CITY-ST-ZIP **608 Delaware Avenue**
St. Cloud, FL 34769

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donna S. Higdon Donna S. Higdon, Pres.

03/01/96

407-847-5127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)