

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 # N95000000782 (1)

1. Corporation Name

OSCEOLA COUNTY REPEATER ASSOCIATION, INC.



Principal Place of Business

**1101 CAROLINA AVE
ST CLOUD FL 34769**

Mailing Address

**1101 CAROLINA AVE
ST CLOUD FL 34769**

3. Date Incorporated or Qualified
02/16/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

P.O. BOX 700194

Suite, Apt. #, etc.

27

St. Cloud, Florida

City & State

28

34770

Zip

29

Country

30

Osceola

4. FEI Number
59-3290011

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

**DANLEY, RICHARD D
3510 13TH ST.
ST CLOUD FL 34769**

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 **DUGAS, JOE**
STREET ADDRESS **1101 CAROLINA AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Amos DeCarma**
1.3 STREET ADDRESS **710 Caribou**
1.4 CITY-ST-ZIP **Poinciana, Fl. 34759**

TITLE **D** ☐ DELETE
NAME **SMITH, WAYNE**
STREET ADDRESS **1101 CAROLINA AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

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

TITLE **D** ☒ DELETE
NAME **REID, JAY**
STREET ADDRESS **1101 CAROLINA AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Rodney Peterson**
3.3 STREET ADDRESS **4720 Pine Tree Rd.**
3.4 CITY-ST-ZIP **St. Cloud, Fl. 34772**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Amos DeCarma February 14, 1996 (407)892-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)