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FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

**1101 CAROLINA AVE
ST CLOUD FL 34769**

**P.O. BOX 700194
ST. CLOUD FL 34770
US**

3. Date Incorporated or Qualified

02/16/1995

4. FEI Number

59-3290011

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 **Lawrence A. Montesi**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **AMOS, DECARMA**
STREET ADDRESS **710 CARIBOU**
CITY-ST-ZIP **POINCIANA FL**

1.1 TITLE **D :** ☒ Change ☐ Addition
1.2 NAME **Lawrence A. Montesi**
1.3 STREET ADDRESS **3724 Henry J. Ave.**
1.4 CITY-ST-ZIP **St. Cloud, FL. 34772**

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 **PETERSON, RODNEY**
STREET ADDRESS **4720 PINE TREE ROAD**
CITY-ST-ZIP **ST. CLOUD FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Clarence Shafer**
3.3 STREET ADDRESS **2870 Holster Way**
3.4 CITY-ST-ZIP **Orlando, FL. 32822**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **Lawrence A. Montesi**

1/15/98 (407) 892-2774

CR2E037 (10/97)