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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9500003212 (6)

Principal Plac	OF CENTER OF OSCEOLA OSCEOLA OF OSCEOLA OF OSCEOLA OF OSCEOLA OF OSCEOLA OF OSCEOLA OS	Mailing Address 715 OAK COMMONS KISSIMMEE FL 3474				
				3. Date Incorporated or Qualified 07/07/1995	3a. Date of L	
2 Principal F	Place of Business	20 Malling Address			1701	18
21	AS ABOVE	2a. Mailing Address	ABONE	4. FEI Number 59 - 3335	7219	Applied For
Suite, Apt.		Suite, Apt. #, etc.	143046	32-3333		Not Applicable
22		27		5. Certificate of Status Desired	TNG	75 Additional se Required
City & Star	te	City & State		6. Election Campaign Financing	_ \$5	.00 May Be
23		28		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax unde	s. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30		☐ Yes 🔀 No	
···	o. Hamo and Fidelogo of Outre	in neglaterati Agent	81 Name	10. Name and Address of New F	Registered Agent	
WAKEE	ELD, S. CRAIG			NONE		
	OAK STREET		82 Street A	ddress (P.O. Box Number is Not Acceptate	ble)	
SUITE A			83			
	MEE FL 34741					
1			84 City		85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508, Florida Stat	utes, the above-named cor	poration submits this statement for the nu	rnose of changing if	e registered office
					POSE OF CHAINGING II	s registered onice
or registe familiar w	red agent, or both, in the State of Flori	ida. Such change was autho	ized by the corporation's b	loard of directors. I hereby accept the app	ointment as register	ed agent. I am
	to the provisions of Sections 617,050/ red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was autho tion 617.0503, Florida Statut	rized by the corporation's bes.	loard of directors. I hereby accept the app	olntment as register	red agent. I am
or registe familiar w SIGNATURE	red agent, or both, in the State of Flori lith, and accept the obligations of, Sec		ized by the corporation's bes. NOTE: Registered Agent signature rec		ointment as register	ed agent. I am
	Signature, typed or printed name of registered agen OFFICERS AN				DATE	
SIGNATURE	Signature, typed or printed name of registered even OFFICERS AN	at and title if applicable (NOTE: Registered Agent signature rec	julred when reinstating)	DATE	TORS IN 12
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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:

**The Section 119.07(3)(k), Florida Statutes. I further certify 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.

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SIGNATURE:

**The Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director or trustee and accurate and carried in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director or trustee and accurate and carried in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director or trustee and accurate and carried in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director o