

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005565

1. Entity Name
**OSCEOLA COUNTY CITIZENS POLICE ACADEMY
ALUMNI ASSOCIATION, INC.**



03 FEB 21 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1631 FULMER RD
ORLANDO, FL 32809

Mailing Address
1631 FULMER RD
ORLANDO, FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0781440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, CAROLYN J
1631 FULMER RD
ORLANDO, FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, ROGER B 1424 FLAMINGO DR KISSIMMEE, FL 34746	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUGUSTO, MONTIJO 1714 BUCKEYE RD NE WINTER HAVEN, FL 33881	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEILMANN, DIETER 3197 MISTY MORNING CT SAINT CLOUD, FL 34771	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, CAROLYN J 1631 FULMER RD ORLANDO, FL 32809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100012963411 02/21/03--01072--019 **\$61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROL GARCIA 1845 KINGSBURY CT KISSIMMEE FL 34744	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

2/19/03 407-826-5000
2/24