

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 016 ****61.25

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DOCUMENT # N96000000980 1. Entity Name OSCEOLA COUNTY FAMILY AND COMMUNITY EDUCATOR'S COUNCIL, INC.					
Principal Place of Business 1921 KISSIMMEE VALLEY LN KISSIMMEE, FL 34744			Mailing Address 1921 KISSIMMEE VALLEY LN KISSIMMEE, FL 34744		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3036415	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALISBURY, MARY BETH R 1921 KISSIMMEE VALLEY LANE KISSIMMEE, FL 34744				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/6/05			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHRENS, EILEEN		NAME	Grace Mann	
STREET ADDRESS	2101 HAM BROWN ROAD		STREET ADDRESS	4355 Packard Ave - St. Cloud, FL 34772	
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, GRACE		NAME	June Buckner	
STREET ADDRESS	4355 PACKARD AVE		STREET ADDRESS	3505 Bay Court	
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTZ, LINDA		NAME	Vera Sargent	
STREET ADDRESS	532-A NEW YORK AVE		STREET ADDRESS	5152 G-2 Boggy Creek Rd.	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOITALLA, JULIA		NAME	Julia Woitalla	
STREET ADDRESS	5152-A42 BOGGY CREEK RD		STREET ADDRESS	5152 A-42 Boggy Creek Rd.	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE:		DATE 1/6/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					