2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000000980

OSCEOLA COUNTY FAMILY AND COMMUNITY EDUCATOR'S COUNCIL, INC.



04-19-2007 90188 023 ****61.25

FILED

Apr 19, 2007 8:00 am Secretary of State

Principal Place of Business

1921 KISSIMMEE VALLEY IN

Mailing Address

1021 KISSIMMEE VALLEY IN

KISSIMMEE, FL 34744			KISSIMMEE, FL 34744				., = '			
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2. Principal Place of Business - No P.O. Box # 3. N			dress							
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			04162007	Chg-NP	CF	22E037 (12/06)	
City & State		City & Sta	City & State			4. FEI Number Applied For				
						59-303	6415		 	ot Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desire	ed [38.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered Age	nt	Name		7. Name and	Address of No	w Regist	ered Agent	
SALISBURY, MARY BETH R										
1921 KISSIMMEE VALLEY LANE				Street A	ddress (F	2.O. Box Numbe	er is Not Accept	able)		
KISSIMME	E, FL 34744									
				City	. 				FL Zip Coo	te e
	named entity submits this statement	for the purpose of	changing its re	gistered office o	r registere	ed agent, or bol	th, in the State o	f Florida.	I am familiar with	and accept
the obligat	ions of registered agent.									
SIGNATURE .										
SIGNATURE .	Signeture, typed or printed name of registered age	ent and title if applicable.	(NOTE: R	egistered Agent aignst	benuper enu	when reinstating)			DATE	· · · -
	Filing Fee is \$61.25	9.	Election Campa	aign Financing		\$5.00 May B		Make (check payable	bo
	Due by May 1, 2007		Trust Fund Cor	tribution.		Added to Fees	'	Florida C	epartment of S	itate
10.	OFFICERS AND I		Trust Fund Cor	11.					Department of S	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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