

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000980

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** OSCEOLA COUNTY FAMILY AND COMMUNITY EDUCATOR'S COUNCIL, INC.

**Current Principal Place of Business:**

1921 KISSIMMEE VALLEY LN  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1921 KISSIMMEE VALLEY LN  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-3036415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALISBURY, MARY BETH R  
1921 KISSIMMEE VALLEY LANE  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUCKNER, JUNE  
Address: 3505 BAY CT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: V  
Name: MANN, GRACE  
Address: 510 MASSACHUSETTS AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD  
Name: SWERINGEN, SHIRLEY  
Address: 18 PINE ISLAND CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: T  
Name: CROLL, ETHEL  
Address: 704 PENNSYLVANIA AVE.  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY BETH R. SALISBURY

DIR.

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date