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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002362 (8)**

1. Corporation Name

**CRITICAL INCIDENT STRESS MANAGEMENT TEAM OF OSCE
OLA, INC.**

Principal Place of Business

Mailing Address

**108 W DRURY AVE
KISSIMMEE FL 34741**

**108 W DRURY AVE
KISSIMMEE FL 34741**



3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

59-3478177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGSTON, DAVID L
108 W DRURY AVE
KISSIMMEE FL 34741**

81

Name

Shelley Gordon

82

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

830 E. Monument Ave.

83

84

City

Kissimmee

FL

85

Zip Code

34741

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Shelley Gordon, President

4/05/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**President
Shelley Gordon
830 E. Monument Ave.
Kissimmee, FL 34741**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**Vice President
Bruce Green
4045 W. Vista Ct.
Kissimmee, FL 34746**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**Sec. / Treasurer
Nadja Garcia
1402 mimi Ct.
Kissimmee, FL 34744**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

6.1 TITLE ☐ Change ☐ Addition

14. 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 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.

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