FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N97000003517 (6) \

1. Corporation Name

OSCEOLA RIDERS INCORPORATED

Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90007 024 ****61.25

<u></u>	
Principal Place of Business	Mailing Address
######################################	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
《大汉周人周太八人八四周人人八四周人人	ΓΑΛΛΑΛΑΛΑΚΑΨΑΆΠΑΛΩΠΑΛΑΑΛ
OPANDAMMAN MED A SELECTION OF S	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	NAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
1155 N. Narcoossee I	Rd.
St. Cloud, FL 34771	Osceola County, USA

2. Principal Pl	ace of Business ne Tree Drive	2a. Mailing Address P 0 Box 7012	32		3. Date Incorporated or Qualifed 06/18/1997				
Suite, Apt. :		Suite, Apt. #, etc.			4. FEI Number		I A	pplied For	
22	<i>π</i> , 500.	27			59-3469513		<u> </u>	ot Applicable	
City & State	9	City & State						Additional	
23 St. Cl		St. Cloud, FL			5. Certifcate of Status Desired			equired	
Zip, == -	Country	=Zip	Country		≃6. Election Campaign Financing		\$5:00	-May Be	
2434772	USA	29 34770 ₃₀	USA		Trust Fund Contribution			to Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	egistered A	\gent		
				Name CHAI	EL B SCOTT			1	
MOFFITT, RUTH M									
1155 N NARCOOSSEE RD			Street Address (P.O. Box Number is Not Acceptable) 4510 PINE TREE DRIVE						
ST CL	.OUD, FL 34772		83		· · · · · · · · · · · · · · · · · · ·				
		•	84	City			85 Zip	Code	
			04	ST CL	OUD	FL	34	772	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	e-named corpo	ration submits this statement for the r	ourpose of o	hanging its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was autho	rized by	the corporation	n's board of directors. I hereby accept	the appoin	tment as re	gistered	
	11000			•		3/2	4 99		
SIGNATURE	Signature, typed or printed name of registered agent	President and title if applicable. (NOTE: Reg	istered Ager	t signature required	when reinstating)	DATE	,,,,		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	President - D	XX DELETE	1.1 TITLE		resident ecou		☐ Change	XX Addition	
NAME	Ruth M Moffitt		1.2 NAME	I	ichael B Scott			ļ	
STREET ADDRESS	1155 N Narcoossee R	kd .	1.3 STREE		510 Pine Tree Drive				
CITY-ST-ZIP	St Cloud, FL 34771		1.4 CITY-S	T-ZIP S	t Cloud, FL 34772				
TITLE	Vice President - D	XX DELETE	2.1 TITLE	V	ice President - D		☐ Change	XX Addition	
NAME	Kevin O'Reilly		2.2 NAME	E	bīni eAYoung Drive				
STREET ADDRÉSS	4305 Cypres Drive	•	2.3 STREE	FADDRESS 9	0701AtlasFDrive773				
CITY-ST-ZIP	St Cloud, FL 34772		2. 4 CITY-5	T-ZIP S	t. Cloud. FL 34773				
TITLE	Secretary - D	☐ DELETE	3.1 TITLE	S	ecretary - D		(X) Change	☐ Addition	
NAME	Linda DiLeonardi		3.2 NAME		inda Dileonardi				
STREET ADDRESS	5350-Lake-Lizzie-Dr		3.3 STREE		842 Richardson				
CITY-ST-ZIP	St. Cloud, FL 34771		3.4. CITY- 8		t. Cloud, FL 34771				
TITLE	Treasurer - D	XX DELETE	4.1 TITLE	T	reasurer - D		☐ Change	XX Addition	
NAME	Greg Trepkowski		4. 2 NAME	C	arolyn S Scott				
STREET ADDRESS	918 Grape Avenue	•	4.3 STREE	TADDRESS 4	510 Pine Tree Drive			ſ	
CITY-ST-ZIP	St. Cloud, FL 34772	2	4.4 CITY-S	r-zip S	t Cloud, FL 34772				
TITLE		☐ DELETÉ	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	F ADDRESS	•			ľ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
OTTY CT 710			6.4 CITY-S	T-ZIP					

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, with all other like empowered.

SIGNATURE:

Michael B Scott