2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003517

Entity Name: OSCEOLA RIDERS INCORPORATED

FILED Apr 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4510 PINE TREE DR ST. CLOUD, FL 34772 US

Current Mailing Address: New Mailing Address:

PO BOX 701232

ST. CLOUD, FL 34770 US

FEI Number: 59-3469513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCOTT, MICHAEL B NADEAU, JIM

4510 PINE TREE DR 4259 FORT COURAGE CIRCLE ST. CLOUD, FL 34772 US KISSIMMEE, FL 34746 US

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: JIM NADEAU 04/17/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: SCOTT, MICHAEL B Name: NADEAU, JIM
Address: 4510 PINE TREE DR Address: 4259 FORT COURAGE CIRCLE

City-St-Zip: ST. CLOUD, FL 34772 City-St-Zip: KISSIMMEE, FL 34746

Title: SD () Delete Title: VD (X) Change () Addition Name: DANIELS, DEBRA Name: DANIELS, DEBRA

Address: 622 VINELAND ROAD Address: 622 VINELAND ROAD
City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete Title: SD (X) Change () Addition
Name: MORSE. RICK Name: WENDY, DARNELL

 Name:
 MORSE, RICK
 Name:
 WENDY, DARNELL

 Address:
 3345 WILDERNESS
 Address:
 651 KOLAS COURT

 City-St-Zip:
 MONTVERDE, FL 34756
 City-St-Zip:
 KISSIMMEE, FL 34759

Title: TD () Delete Title: () Change () Addition

 Name:
 SAUL, THERESA
 Name:

 Address:
 5849 JACK BRACK RD.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34771
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THERESA SAUL TD 04/17/2005