

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003517

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: OSCEOLA RIDERS INCORPORATED

## Current Principal Place of Business:

4510 PINE TREE DR  
ST. CLOUD, FL 34772 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 701232  
ST. CLOUD, FL 34770 US

## New Mailing Address:

FEI Number: 59-3469513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NADEAU, JIM  
4259 FORT COURAGE CIRCLE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

SAUL, THERESA  
5849 JACK BRACK ROAD  
ST. CLOUD, FL 34771 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: THERESA SAUL

04/25/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NADEAU, JIM  
Address: 4259 FORT COURAGE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VD ( ) Delete  
Name: DANIELS, DEBRA  
Address: 622 VINELAND ROAD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete  
Name: WENDY, DARNELL  
Address: 651 KOLAS COURT  
City-St-Zip: KISSIMMEE, FL 34759

Title: TD ( ) Delete  
Name: SAUL, THERESA  
Address: 5849 JACK BRACK RD.  
City-St-Zip: KISSIMMEE, FL 34771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BERLINE, PAUL  
Address: 4233 SETTLERS COURT  
City-St-Zip: ST. CLOUD, FL 34772

Title: VD (X) Change ( ) Addition  
Name: PLOTNER, TODD  
Address: 325 NEW YORK AVE  
City-St-Zip: ST. CLOUD, FL 34769

Title: SD (X) Change ( ) Addition  
Name: DAVIS, MELINDA  
Address: 10143 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: TD (X) Change ( ) Addition  
Name: SAUL, THERESA  
Address: 5849 JACK BRACK RD.  
City-St-Zip: ST. CLOUD, FL 34771

Title: SA ( ) Change (X) Addition  
Name: DAVIS, TOM  
Address: 10143 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/25/2007

Electronic Signature of Signing Officer or Director

Date