

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003517

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** OSCEOLA RIDERS INCORPORATED

**Current Principal Place of Business:**

5849 JACK BRACK ROAD  
ST. CLOUD, FL 34771 US

**New Principal Place of Business:**

1040 LIZA STREET  
ST. CLOUD, FL 34771 US

**Current Mailing Address:**

PO BOX 701232  
ST. CLOUD, FL 34770 US

**New Mailing Address:**

PO BOX 700207  
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:**

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

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

SAUL, THERESA  
1040 LIZA STREET  
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:

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAUL, THERESA  
Address: 1040 LIZA  
City-St-Zip: ST. CLOUD, FL 34771

Title: VD  
Name: WALTERS, JOHN M  
Address: 3905 WOODBINE DRIVE  
City-St-Zip: ST. CLOUD, FL 34772

Title: SD  
Name: GALLEGOS, SUSAN  
Address: 1140 SUNLIGHT COURT  
City-St-Zip: ST. CLOUD, FL 34771

Title: TD  
Name: BERLINE, PAT  
Address: 3345 WILDERNESS TRAIL  
City-St-Zip: ST. CLOUD, FL 34746

Title: SA  
Name: PHELPS, WAYNE  
Address: 3964 CROSLEY AVE  
City-St-Zip: ST. CLOUD, FL 34772

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: THERESA SAUL

PD

03/02/2012

Electronic Signature of Signing Officer or Director

Date