2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N98000000578

Entity Name: OPERATION SERVING CHILDREN -OSC- OPERATION SANTA CLAUS, INC.

Current Principal Place of Business:

5317 FRUITVILLE ROAD
#105
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5317 FRUITVILLE ROAD
#105
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0813412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VANNUCCI, RICHARD A
13466 HERITAGE WAY
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VANNUCCI, RICHARD	
Address:	13466 HERITAGE WAY	
City-St-Zip:	SARASOTA, FL 34240	
Title:	BM	(X) Delete
Name:	OWEN, JIM	
Address:	1909 FIELD ROAD	
City-St-Zip:	SARASOTA, FL 34231	
Title:	BD	( ) Delete
Name:	ANGELOTTI, RICHARD	
Address:	2. N. TAMIAMI TRAIL, ST. 312	
City-St-Zip:	SARASOTA, FL 34236	
Title:	S	(X) Delete
Name:	FITTON, WENDY	
Address:	1206 INGRAM	
City-St-Zip:	SARASOTA, FL 34232	
Title:	T	( ) Delete
Name:	CAREY, MARY	
Address:	2058 KINGSDOWN	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RICHARD VANNUCCI PRES 07/09/2007

Electronic Signature of Signing Officer or Director — Date