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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000004119

1. Corporation Name

THE OLD DOWNTOWN DEVELOPMENT (ODD) GROUP OF OVIE DO, INC.

Principal Place of Business

156 GENEVA DRIVE  
 OVIEDO FL 32762-0729

Mailing Address

P O BOX 620729  
 OVIEDO FL 32762-0729



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

59-3497394

Applied For,

Not Applicable

5. Certificate of Status Desired  NA

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  NA

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BURNS, P R  
 77 GENEVA DRIVE  
 OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 350 S. Central Ave.

84 City Oviedo

FL

85 Zip Code 32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

This information was INCOMPLETE so I have listed officers in # 13

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME P/D Barbara Walker-Seaman

1.3 STREET ADDRESS 353 N. Central Ave.

1.4 CITY-ST-ZIP Oviedo, FL 32765

2.1 TITLE VID  Change  Addition

2.2 NAME Arthur Evans

2.3 STREET ADDRESS 110 E. Broadway

2.4 CITY-ST-ZIP Oviedo, FL 32765

3.1 TITLE VID  Change  Addition

3.2 NAME P. Rick Burns

3.3 STREET ADDRESS 350 S. Central Ave.

3.4 CITY-ST-ZIP Oviedo, FL 32765

4.1 TITLE S/D  Change  Addition

4.2 NAME Jeff Payne

4.3 STREET ADDRESS 3285 Lordmall Ct.

4.4 CITY-ST-ZIP Oviedo, FL 32765

5.1 TITLE S/D  Change  Addition

5.2 NAME Miriam Bruce

5.3 STREET ADDRESS 6365 LK Charm Circle

5.4 CITY-ST-ZIP Oviedo, FL 32765

6.1 TITLE T/D  Change  Addition

6.2 NAME Elizabeth Aulin

6.3 STREET ADDRESS 2389 Pennsylvania Ave

6.4 CITY-ST-ZIP Oviedo, FL 32765

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:

Elizabeth Aulin

3/11/99

(407)365-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)