


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1 of 4

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JAN 13 PM 2:27

DOCUMENT # N98000004119					
1. Entity Name THE OLD DOWNTOWN DEVELOPMENT (ODD) GROUP OF OVIEDO, INC.					
Principal Place of Business 156 GENEVA DRIVE OVIEDO, FL 32762-0729			Mailing Address PO BOX 620789 OVIEDO, FL 32762-0729		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3497394	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURNS, P R 350 S. CENTRAL AVE OVIEDO, FL 32765			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER-SEAMAN, BARBARA			NAME	
STREET ADDRESS	353 N. CENTRAL AVE			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	
NAME	EVANS, ARTHUR			NAME	
STREET ADDRESS	110 E. BROADWAY			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	
NAME	BURNS, P. RICK			NAME	
STREET ADDRESS	350 S. CENTRAL AVE			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	
NAME	PAYNE, JEFF			NAME	
STREET ADDRESS	3285 LORDMALL CT			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	
NAME	BRUCE, MIRIAM			NAME	
STREET ADDRESS	6365 LAKE CHARM CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete			TITLE	
NAME	AULIN, ELIZABETH			NAME	
STREET ADDRESS	2389 PENNSYLVANIA AVE			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #



clp
01142004 Chg-NP CR2E037 (10/03)

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~~01/29/04-01025-002~~ **61.25

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Business Entity Name

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

FEI Number

FEI Number Status Applied For Not Applicable Current

Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

Mailing Address

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA.



Registered Agent Signature

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Document Number

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Business Entity Name

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

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title	<input type="text" value="PD"/>
Name (Last, First, Middle, Title)	<input type="text" value="WALKER-SEAMAN"/> <input type="text" value="BARBARA"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text" value="353 N. CENTRAL AVE"/>
City, State	<input type="text" value="OVIEDO"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="32765"/> <input type="text"/>
Title	<input type="text" value="VD"/>
Name (Last, First, Middle, Title)	<input type="text" value="EVANS"/> <input type="text" value="ARTHUR"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text" value="110 E. BROADWAY"/>
City, State	<input type="text" value="OVIEDO"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="32765"/> <input type="text"/>
Title	<input type="text" value="VD"/>
Name (Last, First, Middle, Title)	<input type="text" value="BURNS"/> <input type="text" value="P. RICK"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text" value="350 S. CENTRAL AVE"/>
City, State	<input type="text" value="OVIEDO"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="32765"/> <input type="text"/>
Title	<input type="text" value="SD"/>
Name (Last, First, Middle, Title)	<input type="text" value="PAYNE"/> <input type="text" value="JEFF"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>

4/24/04

Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

-or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

-or- Entity Name
 Street Address
 City, State
 Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title 
 Officer/Director Signature

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