

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

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**

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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **59-3497394** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
EVANS, ARTHUR F L
110 E BROADWAY
OVIEDO, FL 32765

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER-SEAMAN, BARBARA
STREET ADDRESS	353 N. CENTRAL AVE
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	EVANS, ARTHUR
STREET ADDRESS	110 E. BROADWAY
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	BURNS, P. RICK
STREET ADDRESS	350 S. CENTRAL AVE
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	SD
NAME	PAYNE, JEFF
STREET ADDRESS	3285 LORDMALL CT
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	SD
NAME	BRUCE, MIRIAM
STREET ADDRESS	6365 LAKE CHARM CIRCLE
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	TD
NAME	AULIN, ELIZABETH
STREET ADDRESS	2389 PENNSYLVANIA AVE
CITY - ST - ZIP	OVIEDO, FL 32765

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 01/18/05-80003-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 an other like empowered.

SIGNATURE: _____ **1/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #