

**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**

**DO NOT WRITE IN THIS SPACE**



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

00000181589  
 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 #