

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Mar 18, 2008 8:00 am
Secretary of State**

02-08-2008 90094 001 ***361.25

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**



01142008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-3497394	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EVANS, ARTHUR F L
110 E BROADWAY
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

1/23/08

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/12/08

Date Daytime Phone #