

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004119

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

156 GENEVA DRIVE
OVIEDO, FL 327620729

New Principal Place of Business:

Current Mailing Address:

PO BOX 620789
OVIEDO, FL 327620729

New Mailing Address:

FEI Number: 59-3497394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD Delete
Name: WALKER-SEAMAN, BARBARA
Address: 353 N. CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765

Title: VD Delete
Name: EVANS, ARTHUR
Address: 110 E. BROADWAY
City-St-Zip: OVIEDO, FL 32765

Title: VD Delete
Name: BURNS, P. RICK
Address: 350 S. CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765

Title: SD Delete
Name: PAYNE, JEFF
Address: 3285 LORDMALL CT
City-St-Zip: OVIEDO, FL 32765

Title: SD Delete
Name: BRUCE, MIRIAM
Address: 6365 LAKE CHARM CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: TD Delete
Name: AULIN, ELIZABETH
Address: 2389 PENNSYLVANIA AVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR F EVANS

VD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date