

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006612

FILED
Jan 30, 2004
Secretary of State**Entity Name:** OVIEDO BUSINESS ADVISORY COUNCIL, INC.**Current Principal Place of Business:**830 EYRIE DR
SUITE 6C
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 620430
OVIEDO, FL 32762**New Mailing Address:****FEI Number:** 59-3546463**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURGUNDER, KARL A
1565 GEMINI CT
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:** D () Delete
Name: EVANS, ARTHUR
Address: 110 EAST BROADWAY
City-St-Zip: OVIEDO, FL 32765**Title:** D () Delete
Name: WHEELER, FRANK JR
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32765**Title:** D () Delete
Name: KINNEY, CLARK
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32765**Title:** D () Delete
Name: WAGNER, ROBERT
Address: 1757 W BROADWAY STE 1
City-St-Zip: OVIEDO, FL 32765**Title:** D () Delete
Name: WILSON, BRIAN P PRESIDE
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: AXEL, DAVE
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762**Title:** S (X) Change () Addition
Name: BURGUNDER, KARL A
Address: 1565 GEMINI CT
City-St-Zip: OVIEDO, FL 32765**Title:** D,P (X) Change () Addition
Name: WILSON, BRIAN P PRESIDE
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762**Title:** T () Change (X) Addition
Name: SLATTERY, TIM
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARL A. BURGUNDER

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01/30/2004

Electronic Signature of Signing Officer or Director

Date