

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006612

FILED
Jan 06, 2006
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:

1221 E. BROADWAY ST.
SUITE 100
OVIEDO, FL 32765

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
830 EYRIE DR
SUITE 6C
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: VP () Delete
Name: AXEL, DAVE
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762

Title: S () Delete
Name: BURGUNDER, KARL A
Address: 830 EYRIE DR. STE 6C
City-St-Zip: OVIEDO, FL 32765

Title: D,P () Delete
Name: WILSON, BRIAN P PRESIDE
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762

Title: T () Delete
Name: SLATTERY, TIM
Address: PO BOX 620430
City-St-Zip: OVIEDO, FL 32762

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: S (X) Change () Addition
Name: BURGUNDER, KARL A
Address: P.O. BOX 623036
City-St-Zip: OVIEDO, FL 32762

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 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: KARL A. BURGUNDER

SEC.

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date