

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90460 031 ****61.25

DOCUMENT # N99000001455

1. Entity Name

**OSCEOLA COUNTY MEDICAL ALLIANCE FOUNDATION,
INC.**



Principal Place of Business

P.O. BOX 451814
KISSIMMEE FL 34745-1814

Mailing Address

P.O. BOX 451814
KISSIMMEE FL 34745-1814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-3567260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ DE FUENTES , OLGA
1482 GRANDVIEW BLVD
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **KATHLEEN McMILLEN**

Street Address (P.O. Box Number is Not Acceptable)
3704 CHAPLAIN RD

City **ST CLOUD**

FL Zip Code **34772**

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 *Kathleen McMillen* **KATHLEEN McMILLEN, TREAS.** *Apr 29, 2004*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NODA, GLORIA**
STREET ADDRESS **713 ADRIANE PARK CIR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VD** ☐ Delete
NAME **CAPOBIANCO, ELIZABETH**
STREET ADDRESS **1830 KINGS HWY**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **SD** ☐ Delete
NAME **PRICE, NANCY**
STREET ADDRESS **2750 CLAY WHALEY RD**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **TD** ☐ Delete
NAME **SANCHEZ DE FUENTES , OLGA**
STREET ADDRESS **1482 GRANDVIEW BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SANCHEZ DE FUENTES, OLGA**
STREET ADDRESS **1482 GRANDVIEW BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **NODA, GLORIA**
STREET ADDRESS **713 ADRIANE PARK CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **CAPOBIANCO, ELIZABETH**
STREET ADDRESS **1830 KINGS HIGHWAY**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **KATHLEEN McMILLEN**
STREET ADDRESS **3704 CHAPLAIN RD**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **CORRESP. SECRETARY** ☒ Change ☐ Addition
NAME **BOVRAN, MELISSA**
STREET ADDRESS **1880 WILLOW CT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kathleen McMillen* **KATHLEEN McMILLEN** *4/29/04* *401-892-1444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #