

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007613

Entity Name: OSCEOLA ANGLERS HIGH SCHOOL FISHING CLUB, INC.

Current Principal Place of Business:

4075 CANOE CREEK ROAD
SAINT CLOUD, FL 34772

Current Mailing Address:

4075 CANOE CREEK ROAD
SAINT CLOUD, FL 34772

FEI Number: 46-5281333

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHISHOLM, DONNA
4075 CANOE CREEK ROAD
SAINT CLOUD, FL 34772 US

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

Officer/Director Detail :

Title P
Name CHISHOLM, BURKE L III
Address 4075 CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34772

Title VP, DIRECTOR
Name SOILEAU, ROBERT J
Address 6251 CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name PARISCIANI, MICHAEL JOSEPH
Address 5698 RON ROAD
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name KEVIN , HEARD J
Address 3268 RAMBLER AVE.
City-State-Zip: SAINT CLOUD FL 34772

Title SECRETARY, DIRECTOR
Name EVANS, STEPHANIE B
Address 4510 PACKARD AVE
City-State-Zip: SAINT CLOUD FL 34772

Title COO, DIRECTOR
Name CHISHOLM, DONNA MARIE
Address 4075 CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name JOHNSON, CHAD WALKER
Address 6505 WELLE COURT
City-State-Zip: SAINT CLOUD FL 34771

I hereby 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 all other like empowered.

SIGNATURE: DONNA M CHISHOLM

DIRECTOR

01/13/2025

Electronic Signature of Signing Officer/Director Detail

Date