2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 710408

1. Entity Name
THE CHARLES MCARTHUR FOUNDATION INC.

Principal Place of Business	Mailing Address
401 NW SIXTH ST OKEECHOBEE, FL 34972 US	P O BOX 1603 OKEECHOBEE, FL 34973 US

01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6194396
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONELY, TOM W. III
401 NW SIXTH ST
OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONELY, TOM W. I
STREET ADDRESS	207 N.W. SECOND STREET
CITY-ST-ZIP	OKEECHOBEE, FL 00000,
TITLE	VSTD
NAME	UNDERHILL, CYNTHIA C
STREET ADDRESS	27695 S.W. MARTIN HWY.
CITY-ST-ZIP	OKEECHOBEE, FL 00000,
TITLE	D
NAME	LARSON, GRACE
STREET ADDRESS	10000 N HWY 98
CITY-ST-ZIP	OKEECHOBEE, FL 31972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000010365
01/23/04-80012-025 61.25

DO NOT WRITE IN THIS SPACE

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: [signature] Tom W. Conely III 1/16/04 863-763-3825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #