FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 750577

1. Corporation Name

City & State

23

24

Zip

Country

9. Name and Address of Current Registered Agent

25

| COMMUNITY CHRISTIAN CH | iurch of Okeechobee, Inc. | | | | | |
|--|--|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | | |
| 8082 HWY 70 WEST P.O. BOX 1965 OKEECHOBEE FL 34973 US | 8082 HWY 70 WEST P.O. BOX 1965 OKEECHOBEE FL 34973 US | | | | | |
| Principal Place of Business 21 | 2a. Mailing Address | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | | |

3. Date incorporated or Qualifed 01/11/1980 Applied For FEI Number 59-2055439 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required

FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90052 009 ****61.25

\$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 10. Name and Address of New Registered Agent

| | 01 | C | A | ŀ | 2 | ۲, | Y S | <u>. </u> | _A | <u>.</u> | 1 | <u>n</u> | 0 | F | 1 |
|--|----|--------|------|------|------|-----|------------------|--|----|--------------------|---|-----------|-----|------|---------|
| KELCHNEER, THEODORE L 7984 SW 13TH ST | 82 | S 4 | tree | t Ac | idre | 988 | (P.O S | . Bo | Nu | mber 2 . | 8 | 7% | Acc | epta | ab S |
| OKEECHOBEE FL 34974 | 83 | | | | | | | | | | | | | | |

City & State

28

29

Zip

Zip Code 349 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of. Section 617.0503. Florida Statutes.

Country

30

| | m tamiliar with, and accept the obligations of, Sec | Alon 617.0303, Florida | a Statutes. | $\alpha \parallel \alpha$ | | ' 1.16 | 7 0 | | | | | |
|--|---|------------------------|--------------------|---------------------------------------|-------------|-----------------|-------------|--|--|--|--|--|
| SIGNATURE CARLYS A, MOFFATT, TREASURER Carly Company 1-11-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinflating) DATE | | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTO | | 13. | A//DITIONS/CHANG | ESTO OFFICE | RS AND DIRECTOR | | | | | | |
| TITLE | PDT | ☐ DELETE | 1.1 TITLE | | | Change | Addition | | | | | |
| NAME | NEALIS, JAMES | | 1.2 NAME | | | | | | | | | |
| STREET ADDRESS | 560 SW 87TH TERRACE | | 1.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | _ | 1.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | VDT | DELETE | 2.1 TITLE | VDTr | | Change | Addition | | | | | |
| NAME | WRIGHT, JAMES D | | 2.2 NAME | DENMS MC | CUNE | DENNIS | ľ | | | | | |
| STREET ADDRESS | 4425 HWY 441 S LOT #16-A | | 2.3 STREET ADDRESS | 7413 N.W. 8 | りくせり ぐも | - 10-40 | | | | | | |
| ÇITY-ST-ZIP | OKEECHOBEE FL 34974 | _ | 2. 4 CITY-ST-ZIP | DENNIE MO 7413 N.W. S OKEBCHORE | B, FL | 34472 | | | | | | |
| TITLE | SDT | ☐ DELETE | 31 TITLE | • • | - · - | . Change | - Addition. | | | | | |
| NAME | MOFFATT, CARLYS A. | | 3.2 NAME | | • | | | | | | | |
| STREET ADDRESS | 4631 SE 28TH STREET | | 3.3 STREET ADDRESS | | - | | | | | | | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | | 3.4. CITY-ST-ZIP | | - | | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition | | | | | |
| NAME | | | 4. 2 NAME | | | 1 | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | ì | | | | | |
| CITY+ST-ZIP | | | 4.4 CITY- ST-ZIP | | | <u></u> | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition | | | | | |
| NAME | | | 5.2 NAME | | | | İ | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | _ | | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | Ì | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |] | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

EQUIFICEAR LYS A. MOFFATT 1-11-99 941-467-1657