


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32164 (8)
 1. Corporation Name
OKEECHOBEE EDUCATIONAL FOUNDATION, INC.



Principal Place of Business C/O DANNY L. MULLINS 100 S.W. 5TH AVENUE OKEECHOBEE FL 34974-9985	Mailing Address C/O DANNY L. MULLINS 100 S.W. 5TH AVENUE OKEECHOBEE FL 34974-9985
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1989	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 700 S.W. 2ND AVENUE Suite, Apt. #, etc. 22	2a. Mailing Address 26 700 S.W. 2ND AVENUE Suite, Apt. #, etc. 27
City & State 23 OKEECHOBEE, FL	City & State 28 OKEECHOBEE, FL
Zip 24 34974	Country 25 OKEECHOBEE
Zip 29 34974	Country 30 OKEECHOBEE

4. FEI Number 65-0219235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULLINS, DANNY L. 100 S.W. 5TH AVENUE OKEECHOBEE FL 34974		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 700 S.W. 2ND AVENUE	83	84 City OKEECHOBEE
		85	Zip Code FL 34974

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLINS, DANNY L.		1.2 NAME	
STREET ADDRESS 2319 S.W. 21ST ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENRICO, DONNA G.		2.2 NAME	
STREET ADDRESS 6001 S.E. 28TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, LEE		3.2 NAME	
STREET ADDRESS 2191 S.W. 19TH LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSTOPOLOUS, MICHAEL		4.2 NAME	
STREET ADDRESS 115 N.E. THIRD ST., STE C		4.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE REQUIRED: _____ August 28, 1997 941/462-5000

CP2E037 (4/97)