


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 700 SW 2ND AVE OKEECHOBEE FL 34974-9985 US	Mailing Address 700 SW 2ND AVE OKEECHOBEE FL 34974-9985 US
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3. Date Incorporated or Qualified 05/08/1989	4. FEI Number 65-0219235	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business 700 S.W. 2ND AVENUE Suite, Apt. #, etc.	22. Mailing Address 700 S.W. 2ND AVENUE Suite, Apt. #, etc.
23. City & State OKEECHOBEE, FLORIDA	24. City & State OKEECHOBEE, FLORIDA
25. Zip 34974	26. Country OKEECHOBEE
27. Zip 34974	28. Country OKEECHOBEE

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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. 700 SW 2ND AVE OKEECHOBEE FL 34974	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (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 0001 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 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: *Danny Mullins* 2/18/98 462-5000

CR2E037 (10/97)