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 # N32164

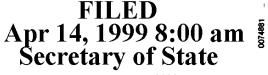
1. Corporation Name

OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

Principal Place of Business 700 SW 2ND AVE OKEECHOBEE FL 34974

Mailing Address

700 SW 2ND AVE OKEECHOBEE FL 34974



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us		03							
2. Principal P	ace of Business	2a. Mailing Address		***	Date Incorporated or Qualifed				
21		26			05/08/1989				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	A	pplied For		
22	and the second of the second o	27			65-0219235 Not Applic				
City & State	е	City & State			5. Certifcate of Status Desired		Additional equired		
Zip	Country	Zip	Country	i	6. Election Campaign Financing	\$5.00	May Be		
24	25	29 30	5		Trust Fund Contribution	Added	to Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent			
			81	Name					
MERTINS	MULLINS, DANNY L.				82 Street Address (P.O. Box Number is Not Acceptable)				
700 SW 2		4	"	Ollocivac					
	DBEE FL 34974		83						
OKELONG	DEE 1 E 04314			0'4		85 Zip	Code		
	,	1	84	City	FL	65 Zip	Code		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was auth	ionzed by	r the corborat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its stment as re	s registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if englicable (NOTE: Re	roletered And	ent signature requir	red when reinstating) DATE		 [
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12		
TITLE	PD	□ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	MULLINS, DANNY L.		1.2 NAME						
STREET ADDRESS	2319 S.W. 21ST ST.		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	OKEECHOBEE FL .		1.4 CITY-5						
TITLE .	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	ENRICO, DONNA G.		2.2 NAME				,		
STREET ADDRESS	****		2.3 STREE	TADDRESS					
CITY-ST-ZIP	OKEECHOBEE FL		2. 4 CITY-	ST-ZIP					
TITLE	SD	·- · DELETE	3.1 TITLE	· ·		Change	_ ☐ Addition		
NAME	DIXON, LEE		3.2 NAME						
STREET ADDRESS	2191 S.W. 19TH LANE		3.3 STREE	TADORESS					
CITY-ST-ZIP	OKEECHOBEE FL		3.4. CITY-	ST-ZIP					
TITLE	D	DELETE	4.1 TITLE		TD	Change	Addition		
NAME	COSTOPOLOUS, MICHAEL		4. 2 NAME		ARBOGAST, GENIA		-		
STREET ADDRESS			4.3 STREE	T ADDRESS	SS 1400 S.W. THIRD AVENUE				
CITY-\$T-ZIP	OKEECHOBEE FL		4.4 CITY-5	ST-ZIP	OKEECHOBEE, FL 34974				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME				İ		
STREET ADDRESS	_		5.3 STREE	TADDRESS					
CITY-ST-ZIP	· · ·	,	5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME	1					
STREET ADDRESS			6.3 STREE	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					

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.

SIGNATURE: