


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 -08:00 AM
Secretary of State

DOCUMENT # N32164
 1. Entity Name
OKEECHOBEE EDUCATIONAL FOUNDATION, INC.



Principal Place of Business Mailing Address
 700 SW 2ND AVE 700 SW 2ND AVE
 OKEECHOBEE, FL 34974 US OKEECHOBEE, FL 34974 US

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0219235 Not Applicable

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

6. Name and Address of Current Registered Agent
MULLINS, DANNY L.
 700 SW 2ND AVE
 OKEECHOBEE, FL 34974

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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 NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINS, DANNY L. 2319 S.W. 21ST ST. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRICO, DONNA G. 6001 S.E. 28TH AVENUE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIXON, LEE 2191 S.W. 19TH LANE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VINSON, SHARON 445 NW 113 DR OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/12/04-80021-004 61.25

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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: Lee Dixon 1/6/04 863-662-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #