


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90030 019 ****61.25

DOCUMENT # N32164

1. Entity Name
OKEECHOBEE EDUCATIONAL FOUNDATION, INC.



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

Mailing Address
700 SW 2ND AVE
OKEECHOBEE, FL 34974 US

400100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0219235

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ABNEY, JOHN
700 SW 2ND AVE
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent
 Name **Linda Syfrett**
 Street Address (P.O. Box Number is Not Acceptable)
700 SW 2 Avenue
 City **Okeechobee** FL Zip Code **34974**

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 *Linda Syfrett* **Linda Syfrett** President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABNEY, JOHN 700 SW 2 AVE OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURLEY, MARY 4390 SE 50 AVE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENWORTHY, KEN 1090 NE 101 AVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VINSON, SHARON 445 NW 113 DR OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, MIKE 2101 S. PARROTT AVENUE OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONELY, TOM P.O., BOX 1367 OKEECHOBEE, FL 34973	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sharon Vinson* **SHARON VINSON** 1/30/07 (863) 462 5000 x257
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT
40013008
#N32104

OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

OFFICERS AND DIRECTORS, CONTINUED

POSITION	NAME	ADDRESS
D	Russ Brown	700 SW 2nd Avenue Okeechobee, FL 34974
D	Debbie Clements	458 Hwy 98 North Okeechobee, FL 34972
D	Dr. Patricia Cooper	700 SW 2nd Avenue Okeechobee, FL 34974
D	Mike Costopoulos	195 SW 28th Street Okeechobee, FL 34974
D	Beth Lehman	265 N Highway 98 Okeechobee, FL 34972
D	Danny Mullins	2319 SW 21st Street Okeechobee, FL 34974
D	Kelly Owens	13075 SE 34th Trail Okeechobee, FL 34974
D	Gretchen Robertson	204 NE 3rd Avenue Okeechobee, FL 34972
D	Jeff Sabin	7700 SE Bridge Road Hobe Sound, FL 33455
D	Ben Sims	P.O. Box 1269 Okeechobee, FL 34973
P/D	Linda Syfrett	501 SW 28th Terrace Okeechobee, FL 34974
D	Tabitha Trent	1560 S Parrott Avenue Okeechobee, FL 34974
D	Celeste Watford	307 NW 5th Avenue Okeechobee, FL 34972