

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90097 014 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0219235**

Applied For
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLINS, DANNY L.
700 SW 2ND AVE
OKEECHOBEE FL 34974**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLINS, DANNY L.	
STREET ADDRESS	2319 S.W. 21ST ST.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENRICO, DONNA G.	
STREET ADDRESS	6001 S.E. 28TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIXON, LEE	
STREET ADDRESS	2191 S.W. 19TH LANE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, CYNTHIA	
STREET ADDRESS	3070 N.W. 2ND STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Vinson	
STREET ADDRESS	445 NW 113 Dr, Okeechobee, FL 34972	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

1-7-03 (863)462-5000 x 257

CR2E037 (10/02)