FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51457** **(2)**

1. Corporation Name

OKEECHOBEE CHURCH OF CHRIST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 958 OKEECHOBEE FL 34972	P O BOX 958 OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: **10/22/1992**

3a. Date of Last Report: **07/07/1994**

4. FEI Number **APPLIED FOR** (65-0491879) ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOK, JOHN R.
202 NW 5TH AVE
OKEECHOBEE FL 34972

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	MAYO, HEWELL	12 NAME		
STREET ADDRESS	813 SE 11TH ST	13 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	14 CITY-ST-ZIP	34974	
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	HANLON, MIKE	22 NAME		
STREET ADDRESS	551 NW 98TH ST	23 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	34972	
TITLE	DS	31 TITLE		☒ Change ☐ Addition
NAME	DUMFORD, RICHARD	32 NAME		
STREET ADDRESS	6800 NE 136TH ST.	33 STREET ADDRESS	1510 S KENANSVILLE RD PO Box 11	
CITY-ST-ZIP	OKEECHOBEE FL	34 CITY-ST-ZIP	KENANSVILLE FL 34739-0011	
TITLE	DT	41 TITLE		☒ Change ☐ Addition
NAME	BAXTER, JOHN	42 NAME		
STREET ADDRESS	10813 SE 127TH TER	43 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	34974	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	CHAFFIN, TOM	52 NAME		
STREET ADDRESS	P. O. BOX 2068 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	54 CITY-ST-ZIP	34973	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	BALLARD, CHARLES	62 NAME		
STREET ADDRESS	3115 SE 36TH AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	64 CITY-ST-ZIP	34974	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mike Hanlon MIKE HANLON APRIL 5 1995 813-467-5195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007011B