

5-15-97 B-7356 -C
FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51457 (2) 1. Corporation Name OKEECHOBEE CHURCH OF CHRIST, INC.

Principal Place of Business P O BOX 958 OKEECHOBEE FL 34972	Mailing Address P O BOX 958 OKEECHOBEE FL 34973-0958
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last Report 05/23/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0481879	Applied For ☐ Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAYO, HEWELL	1.2 NAME	
STREET ADDRESS	813 SE 11TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANLON, MIKE	2.2 NAME	
STREET ADDRESS	551 NW 98TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JIMMERSON, EDWARD L	3.2 NAME	
STREET ADDRESS	12913 SE 48TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUMFORD, RICHARD	4.2 NAME	
STREET ADDRESS	1510 S KENANSVILLE RD/P.O. BOX 11	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHAFFIN, TOM	5.2 NAME	
STREET ADDRESS	P. O. BOX 2088 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☒ Change ☒ Addition
NAME	BALLARD, CHARLES	6.2 NAME	
STREET ADDRESS	3115 SE 36TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	

14. I do 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.

RICHARD DUMFORD
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
APRIL 27, 1997 407-436-1628
Date Daytime Phone # 0071395

CR2E037 (9/96)