FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90081 018 ****61.25

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DOCUMENT # N51457

1. Corporation Name
OKEECHOBEE CHURCH OF CHRIST, INC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
10/22/1992

4. FEI Number
65-0481789
☐ Applied For
☐ Not Applicable

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

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

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 617.1508, 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 617.0503, 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	☐ 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 46TH 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	JIMMERSON, EDWARD L		5.2 NAME	
STREET ADDRESS	12913 SE 46TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CRADDOCK, ELDRIDGE E		6.2 NAME	
STREET ADDRESS	15601 SR 70W LOT 42		6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

407-436-1623

SIGNATURE: Richard Dumford **SIGNATURE REQUIRED** RICHARD DUMFORD 4-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #