# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 23, 2000 8:00 am**
**Secretary of State**
04-23-2000 90039 043 ****61.25

DOCUMENT # N51457

1. Entity Name

OKEECHOBEE CHURCH OF CHRIST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 958<br>OKEECHOBEE FL 34972 | P O BOX 958<br>OKEECHOBEE FL 34973-0958 |

838008

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COOK, JOHN R.<br>202 NW 5TH AVE<br>OKEECHOBEE FL 34972 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (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 Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MAYO, HEWELL<br>813 SE 11TH ST<br>OKEECHOBEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HANLON, MIKE<br>551 NW 98TH ST<br>OKEECHOBEE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV7<br>Bowman, Bryant<br>1402 NE NE 39th Blvd.<br>Okeechobee, FL 34972<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>JIMMERSON, EDWARD L<br>12913 SE 46TH ST<br>OKEECHOBEE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>JONES, DON<br>5066 Manatee Terrace<br>Stuart, FL 34997<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>DUMFORD, RICHARD<br>1510 S KENANSVILLE RD/P.O. BOX 11<br>KENANSVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JIMMERSON, EDWARD L<br>12913 SE 46TH STREET<br>OKEECHOBEE FL 34974 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, CLINTON<br>2901 SE 18th Terr.<br>Okeechobee, FL 34974<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRADDOCK, ELDRIDGE E<br>15601 SR 70W LOT 42<br>OKEECHOBEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Hewell Mayo SIGNATURE REQUIRED 863-467-9153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #