2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90077 035 ****61.25

DOCUMENT # N51457

1. Entity Name

OKEECHOBEE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
1410 S. PARROTT AVE P O BOX 958 OKEECHOBEE FL ~~34972~~ 34973-0958	P O BOX 958 OKEECHOBEE FL ~~34972~~ 34973-0958

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1410 S. PARROTT AVE	PO Box 958
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKEECHOBEE, FL	City & State: OKEECHOBEE, FL
Zip: 34973-0958 Country: OKEECHOBEE	Zip: 34973-0958 Country: OKEECHOBEE

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. 202 NW 5TH AVE OKEECHOBEE FL 34972	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.

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 MAYO, HEWELL 813 SE 11TH ST OKEECHOBEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOWMAN, BRYANT 1402 NE 39TH BLVD OKEECHOBEE FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JONES, DON 5066 MANATEE TERR STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DUMFORD, RICHARD ~~1516 C KENANSVILLE RD~~ P.O. BOX 11 KENANSVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 623 TRAILS END PO BOX 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, CLINTON 2901 SE 18TH TERR OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRADDOCK, ELDRIDGE E 15601 SR 70W LOT 42 OKEECHOBEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: RICHARD DUMFORD SIGNATURE REQUIRED MARCH 6, 2002 863-763-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #