2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004685

1. Entity Name
CONSERVATION CENTER FOR LAKE OKEECHOBEE, KISSIMMEE RIVER, EVERGLADES EDUCATION, INC.

Principal Place of Business	Mailing Address
1852 SW 37TH AVE. OKEECHOBEE, FL 34974	PO BOX 3098 OKEECHOBEE, FL 34973 US

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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0779384

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, JOHN R
202 NW 5TH AVE
OKEECHOBEE, FL 34974

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORGAN, JOHN
STREET ADDRESS	P O BOX 2033
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DST
NAME	CABLE, MARGARET
STREET ADDRESS	1852 S.W. 37TH AVE.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DVP
NAME	GRAY, PAUL
STREET ADDRESS	100 RIVERWOODS CIR
CITY-ST-ZIP	LORIDA, FL 33857
TITLE	D
NAME	LANIER, LARRY
STREET ADDRESS	7483 NW 86TH CT
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	EXD
NAME	CABLE, MARGARET
STREET ADDRESS	1852 SW 37TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/05-80053-001 61.25

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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: Magi Cable Magi Cable 1/10/05 Executive Dir. Secy/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #