

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 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
1852 SW 37TH AVE.
OKEECHOBEE, FL 34974

Mailing Address
PO BOX 3098
OKEECHOBEE, FL 34973 US



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000335920
01/27/06-80011-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-06

Date

863-763-8667

Daytime Phone #