2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N97000004685

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

Current Principal Place of Business:

1852 SW 37TH AVE.
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

PO BOX 3098
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0779384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MORGAN, JOHN
Address: P O BOX 2033
City-St-Zip: OKEECHOBEE, FL 34972

Title: DST ( ) Delete
Name: CABLE, MARGARET
Address: 1852 S.W. 37TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: DVP ( ) Delete
Name: GRAY, PAUL
Address: 100 RIVERWOODS CIR
City-St-Zip: LORIDA, FL 33857

Title: D ( ) Delete
Name: LEGE', BARRY
Address: 1010 SW 7TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: EXD ( ) Delete
Name: CABLE, MARGARET
Address: 1852 SW 37TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGI CABLE EXD 01/17/2009

Electronic Signature of Signing Officer or Director — Date