2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N99000000045

Entity Name: OKEECHOBEE MAIN STREET, INC.

Current Principal Place of Business:

55 SE 3RD AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

105 SE 2ND STREET
OKEECHOBEE, FL 34974

Current Mailing Address:

55 SE 3RD AVE
OKEECHOBEE, FL 34974

New Mailing Address:

105 SE 2ND STREET
OKEECHOBEE, FL 34974

FEI Number: 65-0887929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, LOIS
104 SW 3RD AVENUE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

BURNETT, CINDY G T
105 SE 2ND STREET
OKEECHOBEE, FL 34974 US

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: CINDY G. BURNETT 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GURNEY, JOHN
Address: 210 NW PARK STREET, SUITE 102
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: WORLEY, RAY
Address: 4415 SE 22ND COURT
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: GRAY, LOIS
Address: 104 SW 3 AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURROUGHS, MAUREEN P/D
Address: 119 SOUTH PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP (X) Change ( ) Addition
Name: BAKER, PATRICIA VP/D
Address: P. O. BOX 2017
City-St-Zip: OKEECHOBEE, FL 34973

Title: S (X) Change ( ) Addition
Name: MURPHY, ALLISON S/D
Address: 5106 SE 43RD TRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: T ( ) Change (X) Addition
Name: BURNETT, CINDY G T/D
Address: 1203 SE 8TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CINDY G. BURNETT T/D 04/30/2004
Electronic Signature of Signing Officer or Director Date