## 2003 NOT-FOR-PROFIT CORPORATION 🔝

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DOCUMENT # N9900000045  1. Entity Name OKEECHOBEE MAIN STREET, INC.								FILED			
							03 J	AH 27 PH 2	:10		
Principal Place of Business			Mailing Address				SEC	RETARY OF CT	"Arter		
55 SE 3RD AVE OKEECHOBEE FL 34974			55 SE 3RD AVE OKEECHOBEE FL 34974				TALL,	RETARRY OF ST 4HASSEE FLO	ALE TIDA		
UKEEUNUBEE	FL 345/4	OKEE	MUDEE PL 343/4							SA: 0111 (SB)	
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.					CHECK HERE IF MA	KING CHANGES		
City & State		City & State					4. FEI Number N	OT APPLICABLE	A <sub>I</sub>	oplied For ot Applicable	7
Zip	Country	Zij	0	Count	try		5. Certificate of St	atus Desired	\$9.75 **	ditional	1
	6. Name and Address of Curren	t Registere	ed Agent		Nama	, .		ress of New Registe	red Agent		7
CMEDA DENIMAE					Name Lois Gray						
SWEDA, RENNAE 55 SE 3RD AVE					Street Address (P.O. Box Number is Not Acceptable)						- -
	OBEE FL 34974				•						1
					843 L	- l-	obse		FL Zip Coo		1
8. The above	e named entity submits this statement	for the purp	ose of changing its	egistered	office or	registere	obee ed agent, or both, in		<u> </u>	<u>' 1                                   </u>	1
	tions of registered agent.			-8		J	-	009957			
							ni /n8/03	0105700	1 **61.25	_ 5	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOTE:	Registered A	gent signati	ure required	when reinstating)		ATE		
		· ·									1
I	FILE NOW: FEE IS \$61.25	1	9. Election Cam Trust Fund Co				\$5.00 May Be Added to Fees		heck Payable partment of		ļ
10.	OFFICERS AND D	IRECTORS		11.		A	DDITIONS/CHANGI	ES TO OFFICERS AN	D DIRECTORS IN	N 10	_
TITLE	D		Delete	TITLE	Ū	Joh	n Gurn	ey,	Change	Addition	3
NAME STREET ADDRESS	DEHAYS, KAREN 606 W. N. PARK STREET			NAME	ADDRESS	210	2 NW Pa	drk St S	uite 102	•	13
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-S		Oke	zechobee	, FL,349	172		
TITLE	D		Delete	TITLE	D					Addition بخرا	
NAME	SWEDA, RENNAE B		•	NAME		44	15 SE 20	32d Court FL-, 3497	- •	•	1
STREET ADDRESS CITY-ST-ZIP	497 SW 21 ST OKEECHOBEE FL 34974			~#	ADDRESS_	-/DK	echohee	17 3497	Ŷ	<del></del>	- -
TITLE	D		☐ Delete	TITLE	- 1			12,000	☐ Change	Addition	1
NAME	GRAY, LOIS			NAME					_ ,		
STREET ADDRESS	104 SW-3 AVE				ADDRESS -				<del></del>		
CITY-ST-ZIP	OKEECHOBEE FL 34974			CITY-S	1- <i>L</i> IP		<u> </u>				-
TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition	l
STREET ADDRESS					ADDRESS						1
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS				NAME	ADDRESS						Ì
CITY-ST-ZIP				CITY-S							
TITLE			Delete	TITLE			·		Change	Addition	1
NAME				NAME							
STREET ADDRESS					address						
CITY-ST-ZIP				CITY-ST	T-ZIP						1

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:

O1-06-2003

863-763-4591