

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90034 004 ****61.25

DOCUMENT # 713392

1. Corporation Name

OKEECHOBEE REHABILITATION FACILITY, INC.



Principal Place of Business

403 NW 2ND AVENUE
OKEECHOBEE FL 34972

Mailing Address

403 NW 2ND AVENUE
OKEECHOBEE FL 34972



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/29/1967

4. FEI Number

59-1199393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election: Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAILEY, VERNA
600 SW 11TH AVE.
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Verna Bailey*

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

(NOT E: Registered Agent signature required when reinstating)

DATE April 26, 1999

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BAILEY, VERNA
STREET ADDRESS 600 SW 11TH AVE.
CITY-ST-ZIP OKEECHOBEE FL

TITLE DVP ☐ DELETE

NAME HARDEN, MONICA
STREET ADDRESS P.O. BOX 486 (N/A)
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☒ DELETE

NAME LANCASTER, ERNEST
STREET ADDRESS 1014 SW 136 AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE DT ☒ DELETE

NAME HUDSON, JIM
STREET ADDRESS 425 SW 28TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE DS ☐ DELETE

NAME ANDERSON, WAYNE
STREET ADDRESS 2054 SW 3RD ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☒ DELETE

NAME PARRISH, J W
STREET ADDRESS 3236 S E 20 CT
CITY-ST-ZIP OKEECHOBEE FL 34974

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME FRITCHARD, MICHELLE
1.3 STREET ADDRESS 10 NW 138th ST
1.4 CITY-ST-ZIP OKEECHOBEE, FL 34972

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME COLLINS, SELINA JANE
2.3 STREET ADDRESS 916 NW 4th ST
2.4 CITY-ST-ZIP OKEECHOBEE, FL 34974

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Verna Bailey* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 26, 1999

CR2E037 (1/98)