


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90165 039 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N50795</b>					
1. Corporation Name <b>OKEECHOBEE LIONS CLUB, INC.</b>					
Principal Place of Business P O BOX 89 OKEECHOBEE FL 34972 US			Mailing Address P O BOX 89 OKEECHOBEE FL 34973 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/09/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0366516	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURK, STEPHEN E 105 NW 6TH ST PO BOX 89 OKEECHOBEE FL 34972				81 Name <b>HARRY HARRICK</b> 82 Street Address (P.O./Box Number is Not Acceptable) <b>2201 SW 28TH ST. V-72</b> 83 84 City <b>OKEECHOBEE</b> FL 85 Zip Code <b>34974</b>			

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harry Horrick* DATE 4-27-99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TDS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURK, STEPHEN E		1.2 NAME	HARRY HORRICK			
STREET ADDRESS	7920 NW 82ND CT		1.3 STREET ADDRESS	2201 SW 28TH ST. (V-72)			
CITY-ST-ZIP	OKEECHOBEE FL 34972		1.4 CITY-ST-ZIP	OKEECHOBEE FL 34974			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOLE, MIKE		2.2 NAME	ELDER SUMNER			
STREET ADDRESS	1936 NW 46 AVE		2.3 STREET ADDRESS	309 S.W. 3RD ST.			
CITY-ST-ZIP	OKEECHOBEE FL 34973		2.4 CITY-ST-ZIP	OKEECHOBEE FL 34974			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HIOTT, PAUL		3.2 NAME	IAN NAIRNSEY			
STREET ADDRESS	500 SE 8TH DR		3.3 STREET ADDRESS	2201 S.W. 28TH STREET VILLA #71			
CITY-ST-ZIP	OKEECHOBEE FL 34974		3.4 CITY-ST-ZIP	Okeechobee FL 34974			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SID	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LIPSCOMB, JAMES P		4.2 NAME	LAVON BASS			
STREET ADDRESS	105 NW 6TH ST		4.3 STREET ADDRESS	2001 SW 5TH AVE			
CITY-ST-ZIP	OKEECHOBEE FL 34972		4.4 CITY-ST-ZIP	OKEECHOBEE FL 34974			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON, JOHN		5.2 NAME				
STREET ADDRESS	2286 SW 2ND CT		5.3 STREET ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL 34974		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GRINDSTAFF, MARK		6.2 NAME	GARY MILES			
STREET ADDRESS	14626 NW 34TH TERRACE		6.3 STREET ADDRESS	274 SE 15TH AVE			
CITY-ST-ZIP	OKEECHOBEE FL 34972		6.4 CITY-ST-ZIP	OKEECHOBEE FL 34974			

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: *Harry Horrick* DATE 4-27-99 DAYTIME PHONE # 941-763 5486  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)