

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90016 013 ****61.25

DOCUMENT # N01000007776

1. Entity Name
THE GENEALOGICAL SOCIETY OF OKEECHOBEE SOCIETY OF OKEECHOBEE, INC.

Principal Place of Business Mailing Address
3215 HWY. 441 NORTH **3215 HWY. 441 NORTH**
OKEECHOBEE FL 34872-1854 **OKEECHOBEE FL 34872-1854**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3043 SE 19th CT **3043 SE 19th CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Okeechobee, FL **Okeechobee, FL**
 City & State City & State

Zip Country Zip Country
34974 **USA** **34974** **USA**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORLEY, RHODA
3215 HWY. 441 NORTH
OKEECHOBEE FL 34872-1854

7. Name and Address of New Registered Agent
 Name **Eve Olson**
 Street Address (P.O. Box Number is Not Acceptable)
3043 SE 19th CT
 City **Okeechobee** **FL** Zip Code **34974**

8. 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 Eve Olson Eve Olson 4/8/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORLEY, RHODA 3215 HWY. 441 NORTH OKEECHOBEE FL 34872-1854 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELCHNER, MARY E 3043 SE 19TH CT. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, LINDA 598 SW 72ND TERR. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, EVE 3043 SE 19TH CT. OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, BETTY 9200 NE 12TH DR. OKEECHOBEE FL 34972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eve Olson 3043 SE 19th CT Okeechobee FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rogel Brown 35 8th St BHR Okeechobee FL 34974-9208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia Schrader 294 60th Ave Okeechobee FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eve Olson Eve M Olson 4/8/2002 863-467-2674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)