

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90177 002 \*\*\*\*61.25

**DOCUMENT # N01000007776**

1. Entity Name

THE GENEALOGICAL SOCIETY OF OKEECHOBEE  
SOCIETY OF OKEECHOBEE, INC.



Principal Place of Business

3043 SE 19TH CT  
OKEECHOBEE FL 34974

Mailing Address

3043 SE 19TH CT  
OKEECHOBEE FL 34974

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLSON, EVE  
3043 SE 19TH CT  
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME OLSON, EVE  
STREET ADDRESS 3043 SE 19TH CT  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VPD ☐ Delete  
NAME BROWN, ROGEL  
STREET ADDRESS 35 8TH ST BHR  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE TD ☐ Delete  
NAME MYERS, ROSE  
STREET ADDRESS 509 SE 8TH ST.  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ Delete  
NAME WILLIAMSON, BETTY  
STREET ADDRESS 9200 NE 12TH DR.  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☐ Delete  
NAME MORLEY, RHODA JOY  
STREET ADDRESS 3215 HWY. 441 N  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TS ☐ Change ☒ Addition  
NAME MYERS, Eric  
STREET ADDRESS 509 SE 8TH ST  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Olson* 4/14/06 863-467-2674