

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32164

**Entity Name:** OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

700 SW 2ND AVE  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

700 SW 2ND AVE  
OKEECHOBEE, FL 34974 US

**FEI Number:** 65-0219235

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HURLEY, MARY J  
4390 S.E. 50 AVENUE  
OKEECHOBEE, FL 34974 US

*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:** MARY J HURLEY

02/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HURLEY, MARY  
Address        4390 SE 50 AVE  
City-State-Zip: OKEECHOBEE FL 34974

Title            DIRECTOR  
Name            HOOVER, DAWN  
Address        1949 SW 67 DRIVE  
City-State-Zip: OKEECHOBEE FL 34974

Title            TREASURER, DIRECTOR  
Name            VINSON, SHARON  
Address        445 NW 113 DR  
City-State-Zip: OKEECHOBEE FL 34972

Title            DIRECTOR  
Name            CLEMENTS, DEBBIE  
Address        458 HWY. 98 NORTH  
City-State-Zip: OKEECHOBEE FL 34972

Title            DIRECTOR  
Name            BROWN, RUSS  
Address        2136 NE 54 WAY  
City-State-Zip: OKEECHOBEE FL 34972

Title            DIRECTOR  
Name            COOPER, PATRICIA DR.  
Address        267 S.W. 77 TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title            DIRECTOR  
Name            KENWORTHY, KEN  
Address        700 SW 2 AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title            DIRECTOR  
Name            OWENS, KELLY  
Address        13075 SE 34 TRAIL  
City-State-Zip: OKEECHOBEE FL 34974

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON VINSON

**TREASURER**

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ROBERTSON, GRETCHEN  
Address 309 N.E. 2 STREET  
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR  
Name SIMS, BEN  
Address P O BOX 1269  
City-State-Zip: OKEECHOBEE FL 34973

Title VP, DIRECTOR  
Name TRENT, TABITHA  
Address 2100 S. PARROTT AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name WHITEHEAD, DENISE  
Address 800 N. PARROTT AVENUE  
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR  
Name O'NEAL, ERIN  
Address 2101 SOUTH PARROTT AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title PARLIAMENTARIAN, DIRECTOR  
Name HOOKER, DEBORAH  
Address 401 N.W. 6 STREET  
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR  
Name SABIN, JEFF  
Address 7700 S.E. BRIDGE ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title TREASURER, DIRECTOR  
Name STANLEY, JOSEPH  
Address 600 S.E. 26 DRIVE  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name WATFORD, CELESTE  
Address 307 N.W. 5 AVENUE  
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR  
Name SYFRETT, LINDA  
Address 501 S.W. 28 TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name RAULERSON, PHOEBE  
Address 3898 N.W. 144 DRIVE  
City-State-Zip: OKEECHOBEE FL 34972