

2013 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:**SYFRETT, LINDA
501 SW 28 TERRACE
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PARLIAMENTARIAN
Name CONELY, TOM W
Address P O DRAWER 1367
City-State-Zip: OKEECHOBEE FL 34973

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

Title D
Name COSTOPOULOS, MIKE
Address 195 SW 28 STREET
City-State-Zip: OKEECHOBEE FL 34974

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

Title DIRECTOR
Name COOPER, PATRICIA DR.
Address 16120 NW 220 STREET
City-State-Zip: OKEECHOBEE FL 34972

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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****04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LUVIANO, OSIEL
Address 11055 HIGHWAY 441 NORTH
City-State-Zip: OKEECHOBEE FL 34972

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

Title DIRECTOR
Name WHITEHEAD, DENISE
Address 111 W.S. PARK STREET
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name LEHMAN, BETH
Address 265 HIGHWAY 98 NORTH
City-State-Zip: OKEECHOBEE FL 34972

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

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

Title DIRECTOR
Name STANLEY, JOSEPH
Address 1701 S.W. 12 TERRACE
City-State-Zip: OKEECHOBEE FL 34974

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