

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 710408

1. Entity Name
THE CHARLES MCARTHUR FOUNDATION INC.



Principal Place of Business

**401 NW SIXTH ST
OKEECHOBEE, FL 34972 US**

Mailing Address

**P O BOX 1603
OKEECHOBEE, FL 34973 US**



02112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6194396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONELY, TOM W. III
401 NW SIXTH ST
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONELY, TOM W. I
STREET ADDRESS	207 N.W. SECOND STREET
CITY - ST - ZIP	OKEECHOBEE, FL 00000,
TITLE	VSTD
NAME	UNDERHILL, CYNTHIA C
STREET ADDRESS	27695 S.W. MARTIN HWY.
CITY - ST - ZIP	OKEECHOBEE, FL 00000,
TITLE	D
NAME	LARSON, GRACE
STREET ADDRESS	10000 N HWY 98
CITY - ST - ZIP	OKEECHOBEE, FL 31972
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000636210
02/26/07-80007-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM W. CONELY, III

2/12/07
Date

863-763-3825
Daytime Phone #