

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90410 049 ****70.00

DOCUMENT # 713392

1. Entity Name

OKEECHOBEE REHABILITATION FACILITY, INC.



Principal Place of Business

403 NW 2ND AVENUE
OKEECHOBEE, FL 34972

Mailing Address

403 NW 2ND AVENUE
OKEECHOBEE, FL 34972

94079965



01222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1199393

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, COLIN M
200 NE 4TH AVENUE
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, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LADIA, LILIA A
STREET ADDRESS	210 NE 19TH DR
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	SYFRETT, FRAN
STREET ADDRESS	3079 NE 8TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	FRAN, SYFRETT
STREET ADDRESS	3079 NW 8TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	ABNEY, SELINA J
STREET ADDRESS	403 NW 2ND AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	SEIGLER, NANCY
STREET ADDRESS	403 NW 2ND AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	TOM MURPHY
STREET ADDRESS	P.O. Box 685
CITY-ST-ZIP	OKEECHOBEE, FL 34972

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4129104

863 467-5459