

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713392

FILED
May 01, 2009
Secretary of State

Entity Name: OKEECHOBEE REHABILITATION FACILITY, INC.

Current Principal Place of Business:

403 NW 2ND AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

403 NW 2ND AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 59-1199393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAMERON, COLIN M
200 NE 4TH AVENUE
OKEECHOBEE, FL 34972 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYFRETT, FRAN
Address: 3079 NE 8TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: MURPHY, TOM
Address: P.O. BOX 685
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: ZEIGLER, NANCY
Address: 403 NW 2ND AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SYFRETT, FRAN
Address: 3079 NE 8TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGM (X) Change () Addition
Name: AUTRY, MARY
Address: 201 NW 12TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGM (X) Change () Addition
Name: AMRSH, GWEN
Address: 10630 NW 14TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGM () Change (X) Addition
Name: CARR, RAY
Address: PO BOX 1362
City-St-Zip: OKEECHOBEE, FL 34973

Title: TS () Change (X) Addition
Name: ZIEGLER, NACY
Address: 403 NW 2ND AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY ZIEGLER

TS

05/01/2009

Electronic Signature of Signing Officer or Director

Date