

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:02

DOCUMENT # 725980 (7)
1. Corporation Name
OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION

Principal Place of Business Mailing Address
PO BOX 414 OKEECHOBEE FL 34973 PO BOX 414 OKEECHOBEE FL 34973

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1973** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-1722850** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 414** 26 **P.O. Box 414**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **NA** 27 **NA**
City & State City & State
23 **Okeechobee, FLA** 28 **Okeechobee, FLA**
Zip Country Zip Country
24 **34973-0414** 25 **Okeechobee** 29 **34973-0414** 30 **Okeechobee**

9. Name and Address of Current Registered Agent
SLAYTON, MICKI
2355 SW-28TH ST.
#70-B
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
81 Name **Micki Slayton**
82 Street Address (P.O. Box Number's Not Acceptable) **2793 S.E. 18th Terrace**
83
84 City **Okeechobee** FL 85 Zip Code **34974**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.
SIGNATURE **Micki Slayton** DATE **6/12/95**
Signature, typed or printed name of registered agent of the corporation (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLAYTON, MICKI
STREET ADDRESS	2355 SW-28TH ST., #70B-
CITY - ST - ZIP	OKEECHOBEE, FL 00000
TITLE	VD
NAME	GHOUIARD, PATSY
STREET ADDRESS	2051 SW 34TH TERR.
CITY - ST - ZIP	OKEECHOBEE, FL 00000
TITLE	SD
NAME	LAMB, DEBBIE
STREET ADDRESS	1100-6E-7TH ST.
CITY - ST - ZIP	OKEECHOBEE, FL 00000
TITLE	TD
NAME	MATHIS, KAY
STREET ADDRESS	2291-6E-27TH ST.
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SLAYTON, Micki	
13 STREET ADDRESS	2793 S.E. 18th Terrace	
14 CITY - ST - ZIP	Okeechobee FLA 34974	
21 TITLE	Kemp, Jimmy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	13252 NE 26th Ave	
23 STREET ADDRESS	Okeechobee, Florida 34972	
24 CITY - ST - ZIP	Okeechobee, FLA 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	Kemp, Sue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	13252 NE 26th Ave	
33 STREET ADDRESS	Okeechobee, FLA 34972	
34 CITY - ST - ZIP	Okeechobee, FLA 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MOODY, DEBBIE	
43 STREET ADDRESS	1605 SW 5th Avenue	
44 CITY - ST - ZIP	Okeechobee, FLA 34974	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: **Debbie Moody** Date **6/12/95** License No. **941-357-2356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3-95)