

FILE NOW: FILING FEE IS \$01.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **PO BOX 414 OKEECHOBEE FL 34973-414 US**
Mailing Address: **PO BOX 414 OKEECHOBEE FL 34973-414 US**

3. Date Incorporated or Qualified: **04/03/1973**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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4. FEI Number: **59-1722950**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SLAYTON, MICKI
2793 S.E. 18TH TERRACE
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent
81 Name: **Bob Hardman**
82 Street Address (P.O. Box Number is Not Acceptable): **6120 NE 72 Circle W. Box 27**
83
84 City: **Okeechobee** FL 85 Zip Code: **34972**

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 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **Feb 5, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLAYTON, MICKI	
STREET ADDRESS	2793 SE 18TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEMP, JIMMY	
STREET ADDRESS	13252 NE 26TH AVE	
CITY-ST-ZIP	OKEECHOBEE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEMP, SUE	
STREET ADDRESS	13252 NE 26TH AVE	
CITY-ST-ZIP	OKEECHOBEE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOODY, DEBBIE	
STREET ADDRESS	1605 SW 5TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	President/Director (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bob Hardman	
1.3 STREET ADDRESS	6120 NE 72 Circle W. Box 27	
1.4 CITY-ST-ZIP	Okeechobee, Fl. 34972	
2.1 TITLE	Vice President/Director (VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Howling	
2.3 STREET ADDRESS	9005 NE 7th Street	
2.4 CITY-ST-ZIP	P.O. Box 1013 9875 Okeechobee, Fl. 34973	
3.1 TITLE	Secretary/Director (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cindy Nutter	
3.3 STREET ADDRESS	926 NW 50 Drive	
3.4 CITY-ST-ZIP	Okeechobee, Fl. 34972	
4.1 TITLE	Treasurer/Director (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mike Bennett	
4.3 STREET ADDRESS	7400 NW 84 Court	
4.4 CITY-ST-ZIP	Okeechobee, Fl. 34972	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	800001762668	
5.4 CITY-ST-ZIP	-03/29/96--01057--004 ***70.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Jan. 31, 1996 941-357-4256
Date Daytime Phone #

CR2E037 (12/95)