

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90374 036 ****61.25

DOCUMENT # 725980

1. Entity Name

OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION

Principal Place of Business

Mailing Address

PO BOX 414
 OKEECHOBEE FL 34973-414
 US

PO BOX 414
 OKEECHOBEE FL 34973-414
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1722950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONNELLY, DARRELL
3996 SW 9TH WAY
OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Darrell Donnelly President

1-8-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **SPEED, STAN**
 STREET ADDRESS: **701 SW CR 721**
 CITY-ST-ZIP: **OKEECHOBEE FL 34974**

TITLE: **VD** Change Addition
 NAME: **Charles S. Speed**
 STREET ADDRESS: **1410 S.E. 2nd St**
 CITY-ST-ZIP: **Okeechobee, FL 34974**

TITLE: **SD** Delete
 NAME: **MARSOCCI, LINDA**
 STREET ADDRESS: **1406 SE 4 STREET**
 CITY-ST-ZIP: **OKEECHOBEE FL 34974**

TITLE: **SD** Change Addition
 NAME: **Coker, Frank**
 STREET ADDRESS: **2612 N.W. 63 Terr**
 CITY-ST-ZIP: **Okeechobee FL 34972**

TITLE: **PD** Delete
 NAME: **DONNELLY, DARRELL**
 STREET ADDRESS: **3996 SW 9TH WAY**
 CITY-ST-ZIP: **OKEECHOBEE FL 34974**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **CLAY, TOMMY**
 STREET ADDRESS: **636 SW 85TH AVE**
 CITY-ST-ZIP: **OKEECHOBEE FL 34974**

TITLE: **TD** Change Addition
 NAME: **Kimberly M. Speed**
 STREET ADDRESS: **1410 S.E. 2nd St.**
 CITY-ST-ZIP: **Okeechobee, FL 34974**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)