

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


**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90007 002 \*\*\*\*61.25

**54007149**



01292004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 725980</b>					
1. Entity Name <b>OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION</b>					
Principal Place of Business PO BOX 414 OKEECHOBEE, FL 34973-414 US		Mailing Address 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		4. FEI Number <b>59-1722950</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>SPEED, CHARLES S</b> <b>1410 SE 2ND STREET</b> <b>OKEECHOBEE, FL 34974</b>				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>George A. Dukes TD</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <i>1-29-03</i>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEED, CHARLES 1410 SE 2ND ST OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Kemp 15125 NW 310th ST Okeechobee, FL 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Donald Barber 16500 NW 176th Ave. Okeechobee, FL 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIPPS, LAWRENCE 62 W HWY 98 NORTH OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAREN DuBois 1651 SW 37th AVE Okeechobee FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD George Dukes 1141 NW 34th ST Okeechobee FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEED, KIMBERLY M 1410 SE 2ND ST OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <i>George A. Dukes</i>		Signature and typed or printed name of signing officer or director		DATE <i>1-29-04</i> DAYTIME PHONE # <i>863 467-9996</i>	