2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725980

FILED Jan 28, 2008 Secretary of State

Entity Name: OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

2304 SW 2ND AVENUE 3934 NW 20TH AVE

OKEECHOBEE, FL 34974 US OKEECHOBEE, FL 34972 US

Current Mailing Address: New Mailing Address:

PO BOX 414

OKEECHOBEE, FL 34973414 US

FEI Number: 65-0156683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINNEY, THOMAS A FIPPS, LAWRENCE 2304 SW 2ND AVE 3934 NW 20TH AVE

OKEECHOBEE, FL 34974 US 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: LAWRENCE FIPPS 01/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 FINNEY, THOMAS A
 Name:
 FIPPS, LAWRENCE

 Address:
 2304 S.W. 2ND AVE.
 Address:
 3934 NW 20TH AVE

 City-St-Zip:
 OKEECHOBEE, FL 34974
 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: VPD () Delete Title: () Change () Addition

 Name:
 BARBER, DONALD
 Name:

 Address:
 16500 NW 176TH AVE.
 Address:

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 BUCKNER, REBECCA B
 Name:
 PARKER, HEATHER

 Address:
 910 NW 3RD LANE
 Address:
 PO BOX 1011

City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: OKEECHOBEE, FL 34973

 Name:
 HARRISON, HOWARD D
 Name:
 RHODES, ELLA B

 Address:
 2201 SW 28TH STREET VILLA #71
 Address:
 1005 SW 10TH AVE

 City-St-Zip:
 OKEECHOBEE, FL 34974
 City-St-Zip:
 OKEECHOBEE, FL 34974

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: ELLA B RHODES T 01/28/2008