2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725980

FILED Jan 14, 2009 Secretary of State

Entity Name: OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION

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

3934 NW 20TH AVE 1005 SW 10TH AVE

OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34974 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:

FIPPS, LAWRENCE RHODES, ELLA B T 3934 NW 20TH AVE 1005 SW 10TH AVE

OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34974 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: ELLA B RHODES 01/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: FIPPS, LAWRENCE Name: HERNDON, JERRY

 Name:
 FIPPS, LAWRENCE
 Name:
 HERNDON, JERRY

 Address:
 3934 NW 20TH AVE
 Address:
 14820 NW 256TH STREET

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

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

 Name:
 BARBER, DONALD
 Name:
 CRAIG, GENE

 Address:
 16500 NW 176TH AVE.
 Address:
 10009 NW 64TH AVE

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

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

 Name:
 PARKER, HEATHER
 Name:

 Address:
 PO BOX 1011
 Address:

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

Title: T () Delete Title: () Change () Addition

 Name:
 RHODES, ELLA B
 Name:

 Address:
 1005 SW 10TH AVE
 Address:

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

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 01/14/2009