


02-10-2003 90117 038 ****61.25

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**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 725980

1. Entity Name
OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION



35013463

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
 Zip Country

4. FEI Number **59-1722950** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DONNELLY, DARRELL
3996 SW 9TH WAY
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent
 Name **Charles S Speed**
 Street Address (P.O. Box Number is Not Acceptable)
1410 S.E. 2nd St
 City **Okeechobee** FL Zip Code **34974**

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: Charles S Speed DATE: 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW: FEE IS \$61.25 **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SPEED, CHARLES	
STREET ADDRESS	1410 SE 2ND ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONNELLY, DARRELL	
STREET ADDRESS	3996 SW 9TH WAY	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLAY, TOMMY	
STREET ADDRESS	638 SW 85TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COKER, FRANK	
STREET ADDRESS	2612 NW 63 TERR	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPEED, KIMBERLY M	
STREET ADDRESS	1410 SE 2ND ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President/Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President/Director	
STREET ADDRESS	Lawrence Fipps	
CITY-ST-ZIP	200 NW 98th Ave Okeechobee, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE: 2/3/03 PHONE: 883-634-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)