

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90086 034 \*\*\*\*61.25

**DOCUMENT # 737280**  
 1 Entity Name  
**OKEECHOBEE COUNTY BOARD OF REALTORS, INC.**



Principal Place of Business  
 326 NW 5TH STREET  
 OKEECHOBEE, FL 34972 US

Mailing Address  
 605 SW PARK STREET  
 STE 201  
 OKEECHOBEE, FL 34972-4168 US

**50002391**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**326 NW 5th Street**  
 Suite, Apt. #, etc.

03032006 Chg-NP CR2E037 (11/05)

City & State  
**Okeechobee, FL**

Zip  
**34972** Country  
**USA**

4. FEI Number  
**59-2128038**

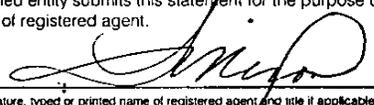
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLSON, D R**  
**410 SE 2ND AVENUE**  
**OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent  
 Name  
**Lori Mixon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**104 NW 7th Avenue**  
 City  
**Okeechobee** FL Zip Code  
**34972**

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  DATE **March 3, 2006**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

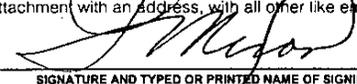
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE P	WILLSON, D R 410 SE 2ND AVE OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete
TITLE VP	MIXON, LORI 104 NW 2ND AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete
TITLE S	WATFORD, DALE ANN 3605 SE 21ST AVE. OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete
TITLE T	PIPPIN, J. NATHAN 210 NW PARK STREET, SUITE 202 OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	Lori Mixon 104 NW 7th Avenue Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	Sharon Johnson 104 NW 7th Avenue Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	Joshua D. Mixon 410 SE 2nd Avenue Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **March 3, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #