

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



03032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2128038		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		<input type="checkbox"/>			
Country		Country					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WILLSON, D R 410 SE 2ND AVENUE OKEECHOBEE, FL 34974				Name Lori Mixon Street Address (P.O. Box Number is Not Acceptable) 104 NW 7th Avenue City Okeechobee FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLSON, D R			NAME			
STREET ADDRESS	410 SE 2ND AVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIXON, LORI			NAME	Lori Mixon		
STREET ADDRESS	104 NW 2ND AVE			STREET ADDRESS	104 NW 7th Avenue		
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP	Okeechobee, FL 34974		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATFORD, DALE ANN			NAME			
STREET ADDRESS	3605 SE 21ST AVE.			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIPPIN, J. NATHAN			NAME			
STREET ADDRESS	210 NW PARK STREET, SUITE 202			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Sharon Johnson		
STREET ADDRESS				STREET ADDRESS	104 NW 7th Avenue		
CITY-ST-ZIP				CITY-ST-ZIP	Okeechobee, FL 34974		
TITLE		<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Joshua D. Mixon		
STREET ADDRESS				STREET ADDRESS	410 SE 2nd Avenue		
CITY-ST-ZIP				CITY-ST-ZIP	Okeechobee, FL 34974		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #