

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 004 ****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

326 NW 5TH ST
OKEECHOBEE FL 34972
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

DOYLE, TONI B.
7281 NW 84TH COURT
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Toni B. Doyle

Toni B. Doyle

3-10-08

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

(NOTE: Registered Agent signature is required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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** ☒ Delete
NAME JOHNSON, SHARON
STREET ADDRESS 104 NW 7TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE **VP** ☒ Delete
NAME NIELSON, FAITH
STREET ADDRESS 800 S PARROTT AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE **S** ☒ Delete
NAME ICHIMURA, KRISTY
STREET ADDRESS 2355 SW 28TH ST SOD
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE **T** ☐ Delete
NAME FOWLER, JAMES
STREET ADDRESS 401 S PARROTT AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE **D** ☒ Delete
NAME MIXON, LORI
STREET ADDRESS 104 NW 7TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE **D** ☒ Delete
NAME TURNER, JULIE
STREET ADDRESS 210 NW PARK ST STE 202
CITY-ST-ZIP OKEECHOBEE FL 34972

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME Faith Nielson
STREET ADDRESS 425 SW Park Street
CITY-ST-ZIP Okeechobee, FL 34972

TITLE **VP** ☐ Change ☒ Addition
NAME Kathy Godwin
STREET ADDRESS 3146 Hwy 441 South
CITY-ST-ZIP Okeechobee, FL 34974

TITLE **S** ☐ Change ☒ Addition
NAME Julie Turner
STREET ADDRESS 210 NW Park Street
CITY-ST-ZIP Suite 202 Okeechobee, FL 34972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME David May
STREET ADDRESS 1504 South Parrott Ave
CITY-ST-ZIP Okeechobee, FL 34972

TITLE **D** ☐ Change ☒ Addition
NAME Linda Woloski
STREET ADDRESS P.O. Box 1490
CITY-ST-ZIP Okeechobee, FL 34973

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kathy Godwin

Kathy Godwin 3-10-08 634-7728

(86)