

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757469

FILED
May 23, 2006
Secretary of State

Entity Name: OKEECHOBEE AUXILIARY POLICE, INC.

Current Principal Place of Business:

50 SE 2ND AVE.
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

50 SE 2ND AVE.
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 59-6000393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAGEN, DONALD
50 SE 2ND AVE.
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

WILLIAMS, VICTORIA SGT.
50 SE 2ND AVE.
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: VICTORIA WILLIAMS

05/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAMIOTEA, JAMES C
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: V () Delete
Name: CASIAN, WILLIAM R
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: S () Delete
Name: CASIAN, WILLIAM R
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: T () Delete
Name: BATCHELOR, CRAIG
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: WATSON, RONALD
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WATSON, DONALD
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R. CASIAN

T

05/23/2006

Electronic Signature of Signing Officer or Director

Date