

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757469

FILED
Apr 18, 2007
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 ()

Name and Address of Current Registered Agent:

WILLIAMS, VICTORIA SGT.
50 SE 2ND AVE.
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

HILL, WILLIAM 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: WILLIAM HILL

04/18/2007

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: WATSON, DONALD
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 CASIAN

V

04/18/2007

Electronic Signature of Signing Officer or Director

Date