FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE
*****1.75 *****120.00

DOCUMENT # 758655 (5)

1. Corporation Name
OKEECHOBEE RESIDENTIAL SERVICES, INC.

Principal Place of Business	Mailing Address
501 NORTH WEST 5TH AVENUE ROOM #100 OKEECHOBEE FL 34972	501 NORTH WEST 5TH AVENUE ROOM #100 OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: 06/05/1981
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2220778 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 501 N.W. 5th. Ave	26
Suite, Apt. #, etc. 22 Room #100	Suite, Apt. #, etc. 27
City & State 23 Okeechobee, fl. 34972	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLINS, NICK
207 SE 2ND AVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

91 Name: YVONNE CHAPMAN D
92 Street Address (P.O. Box Number Is Not Acceptable): 709 S.E. 12th. Ave
93
94 City: OKEECHOBEE, FL. FL 95 Zip Code: 34974

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Yvonne Chapman — 2-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	COLLINS, NICK	12 NAME	Yvonne Chapman	
STREET ADDRESS	207 SE 2ND AVE	13 STREET ADDRESS	709 S,E, 12th Ave	
CITY-ST-ZIP	OKEECHOBEE FL	14 CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE	V	21 TITLE	V. President	☒ Change ☐ Addition
NAME	CHAPMAN, YVONNE	22 NAME	Janise Brown D	
STREET ADDRESS	709 SE 12TH AVE	23 STREET ADDRESS	1875 S.E.4th. St.	
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	MURRISH, JANICE D	32 NAME		
STREET ADDRESS	3617 SW 19TH ST	33 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

3/29/95 ds

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: YVONNE CHAPMAN Yvonne Chapman — 2-25-95 — 763-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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