

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **211 S.W. 3rd STREET**

26 **211 S.W. 3rd. St.**

4. FEI Number
59-2220778

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Okeechobee, Fl.

28 City & State
Okee. Fl. 34974

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
34974

25 Country
Okee.

29 Zip
Okee.

30 Country
Okee.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, YVONNE
709 S E. 12TH AVE.
OKEECHOBEE FL 34974

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CHAPMAN, YVONNE**
STREET ADDRESS **709 SE 2ND AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VD** ☐ DELETE
NAME **BROWN, JANISE**
STREET ADDRESS **1875 S.E. 4TH ST.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **STD** ☐ DELETE
NAME **MURRISH, JANICE**
STREET ADDRESS **3617 SW 19TH ST**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **Dir** ☐ DELETE
NAME **Yvonne Chapman**
STREET ADDRESS **709 S.E. 12th. Ave. Okee. Fl 34974**
CITY-ST-ZIP **Okee. Fl 34974**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JOE BOYD**
1.3 STREET ADDRESS **186 S.E. 16th Ave**
1.4 CITY-ST-ZIP **Okeechobee, Fl. 34974**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 **Chapman Yvonne Chapman**

2-16-96

941-763-1817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)