

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758655** (5)

1. Corporation Name

OKEECHOBEE RESIDENTIAL SERVICES, INC.

Principal Place of Business

Mailing Address

211 SW 3RD STREET
OKEECHOBEE FL 34974
US211 SW 3RD STREET
OKEECHOBEE FL 34974-4353
US3. Date Incorporated or Qualified
06/05/19813a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **Same**26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2220778

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD, JOE	
STREET ADDRESS	304 S.E. 7th. St	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JANISE	
STREET ADDRESS	1875 S.E. 4TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MURRISH, JANICE	
STREET ADDRESS	3617 SW 19TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, YVONNE	
STREET ADDRESS	709 SE 12TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	Mary allen	
STREET ADDRESS	1976 n.w. 36th. terrace	
CITY-ST-ZIP	Okeechobee, fl. 34972	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boyd Joe	
1.3 STREET ADDRESS	304 S.E. 7th. St.	
1.4 CITY-ST-ZIP	Okeechobee, fl. 34974	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3.1 TITLE	VPT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Janice Murrish	
3.3 STREET ADDRESS	3617 s.w. 19th ST.	
3.4 CITY-ST-ZIP	Okeechobee, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

4.1 TITLE	Mgn.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Yvonne Chapman	
4.3 STREET ADDRESS	709 S.E. 12th Ave	
4.4 CITY-ST-ZIP	Okeechobee, FL. 34972	

5.1 TITLE	Sec D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mary Allen	
5.3 STREET ADDRESS	1976 N.W. 36th. Terrace	
5.4 CITY-ST-ZIP	Okeechobee, fl. 34972	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)