

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758655 (5)

OKEECHOBEE RESIDENTIAL SERVICES, INC.



Principal Place of Business 211 SW 3RD STREET OKEECHOBEE FL 34974 US		Mailing Address 211 SW 3RD STREET OKEECHOBEE FL 34974 US	
21. Principal Place of Business 311 S.E. 3 Street Suite, Apt. #, etc.	22. City & State Okeechobee Fl Zip 34974	26. Mailing Address 311 S.E. 3 Street Suite, Apt. #, etc.	27. City & State Okeechobee, Fl Zip 34974

3. Date Incorporated or Qualified 06/05/1981	
4. FEI Number 59-2220778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHAPMAN, YVONNE 709 S E. 12TH AVE. OKEECHOBEE FL 34974		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	FL

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 Yvonne Chapman (NOTE: Registered Agent signature required when reinstating) DATE 2-24-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BOYD, JOE STREET ADDRESS 304 S.E. 7TH ST. CITY-ST-ZIP OKEECHOBEE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President, D 1.2 NAME Claudette Norman 1.3 STREET ADDRESS 3102 N.W. 59 Terrace 1.4 CITY-ST-ZIP Okeechobee, Fl 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME ALLEN, MARY STREET ADDRESS 1976 N.W. 36TH TERR. CITY-ST-ZIP OKEECHOBEE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTD NAME MURRISH, JANICE STREET ADDRESS 3617 S.W. 19TH ST. CITY-ST-ZIP OKEECHOBEE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice President D. 3.2 NAME Michelle Christmas 3.3 STREET ADDRESS 350 S.E. 27 ST 3.4 CITY-ST-ZIP Okeechobee, FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE M Sec. NAME CHAPMAN, YVONNE STREET ADDRESS 709 S.E. 12TH AVE. CITY-ST-ZIP OKEECHOBEE FL	<input type="checkbox"/> DELETE	4.1 TITLE Treasure D. 4.2 NAME Yvonne Chapman 4.3 STREET ADDRESS 709 S.E. 12th. Ave 4.4 CITY-ST-ZIP OKEECHOBEE, fl. 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 Yvonne Chapman 763-3205

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