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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K05262** **(6)**

1. Corporation Name
OKEECHOBEE HOME HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
2831 S.W. 3RD TERRACE P. O. BOX 759 OKEECHOBEE FL 34974 US	C/O FAYE A. WILLIAMSON P. O. BOX 759 OKEECHOBEE FL 34973

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business (21) | 2a. Mailing Address (25)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0046252 ☐ Applied For ☐ Not Applicable

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. This corporation has agreed to indemnify its officers and directors as provided by Section 607.0850, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMSON, FAYE A.
3003 SW 28TH STREET
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Faye A. Haverlock
82 Street Address (P.O. Box Number is Not Acceptable): 3003 SW 28th St.
83
84 City: Okeechobee FL 85 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: Faye A Haverlock (Registered Agent) Faye A Haverlock (Typed or Printed Name of Registered Agent) 3-23-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	11 TITLE	P/D ☑ Change ☐ Addition
12 NAME	WILLIAMSON, FAYE A.	12 NAME	Faye A Haverlock
13 STREET ADDRESS	3003 SW 28TH STREET	13 STREET ADDRESS	3003 SW 28th St.
14 CITY ST ZIP	OKEECHOBEE FL	14 CITY ST ZIP	Okeechobee Fl 34974
21 TITLE	S	21 TITLE	☐ Change ☐ Addition
22 NAME	WILLIAMSON, REBECCA J.	22 NAME	
23 STREET ADDRESS	1511 SW 35TH CIRCLE	23 STREET ADDRESS	
24 CITY ST ZIP	OKEECHOBEE FL	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye A. Haverlock (Signature of or Typed or Printed Name of Officer or Director)
Faye A. Haverlock

3-23-95 (Date) 813-467-4440 (Daytime Phone #)

0363300 CP