


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001456 1. Entry Name FRIENDS OF LAKE OKEECHOBEE, INC.	
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Principal Place of Business 2252 S.W. 22ND CIRCLE N. OKEECHOBEE FL 34974	Mailing Address 2252 S.W. 22ND CIRCLE N. OKEECHOBEE FL 34974
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3635345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MULLINS, DANNY 2319 S.W. 21ST STREET OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME	D HEAD, CARROLL <input type="checkbox"/> Delete 2252 S.W. 22ND CIRCLE N. OKEECHOBEE FL 34974
TITLE NAME	D MULLINS, DANNY <input type="checkbox"/> Delete 2319 S.W. 21ST STREET OKEECHOBEE FL 34974
TITLE NAME	D HARRIS, LARRY <input type="checkbox"/> Delete 12836 LONGFORD ROAD N. PALM BEACH FL 33408
TITLE NAME	D HEAD, LOUISE <input type="checkbox"/> Delete 2252 S.W. 22ND CIRCLE N. OKEECHOBEE FL 34974
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000030117 02/04/04-80095-009 61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danny Mullins **DANNY MULLINS** 1/30/04 - 863-763-3547