

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 26, 2005
Secretary of State**

DOCUMENT# N00000001456

Entity Name: FRIENDS OF LAKE OKEECHOBEE, INC.

Current Principal Place of Business:

2252 S.W. 22ND CIRCLE N.
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

2252 S.W. 22ND CIRCLE N.
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 59-3635345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, DANNY
2319 S.W. 21ST STREET
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEAD, CARROLL
Address: 2252 S.W. 22ND CIRCLE N.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: MULLINS, DANNY
Address: 2319 S.W. 21ST STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: HARRIS, LARRY
Address: 12836 LONGFORD ROAD
City-St-Zip: N. PALM BEACH, FL 33408

Title: D () Delete
Name: HEAD, LOUISE
Address: 2252 S.W. 22ND CIRCLE N.
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY MULLINS

D

01/26/2005

Electronic Signature of Signing Officer or Director

_____ Date