

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90051 041 \*\*\*\*75.00

**DOCUMENT # N01000001643**

1. Entity Name  
**OKEECHOBEE CHARITIES, INC.**



Principal Place of Business

**8532 S E 59TH DRIVE  
OKEECHOBEE FL 32974**

Mailing Address

**8532 S E 59TH DRIVE  
OKEECHOBEE FL 32974**

2. Principal Place of Business

**7664 SW 13th ST**

Suite, Apt. #, etc.

3. Mailing Address

**7664 SW 13th ST**

Suite, Apt. #, etc.

City & State

**Okeechobee**

City & State

**Okeechobee, FL**

Zip

**34974-3305**

Country

**OKEG**

Zip

**34974**

Country

**USA**

4. FEI Number **65-1082413**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMERO, ANA L**

**8532 S E 59TH DRIVE  
OKEECHOBEE FL 32974**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Ana L. Romero*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*June 10, 2003*

DATE

**FILE NOW: FEE IS \$61.25**

**500  
66.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD ROMERO, ANA L**  
STREET ADDRESS **8532 S E 59TH DRIVE**  
CITY-ST-ZIP **OKEECHOBEE FL 32974**

TITLE ☒ Change ☐ Addition  
NAME **7664 SW 13th ST**  
STREET ADDRESS **Okeechobee, FL 34974-3305**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD RATLIFF, MIKE**  
STREET ADDRESS **5009 S E 42ND TRACE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **STD MEDELLIN, CELIA**  
STREET ADDRESS **1319 N W 36TH STREET**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 *Ana L. Romero* **REQUIRED**

**82-634-7459**

CR2E037 (10/02)