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

FILED
Aug 23, 2004 8:00 am
Secretary of State
07-26-2004 90012 010 ****61.25

DOCUMENT # N01000003281

1. Entity Name

OKEECHOBEE SENIOR LEAGUE FOOTBALL ASSOCIATION, INC.

66432363

MOORE CR2E037 (4/04)

Principal Place of Business	Mailing Address
13252 NE 26TH AVE. OKEECHOBEE FL 34972	PO BOX 272 OKEECHOBEE FL 34973-0272

2. Principal Place of Business	3. Mailing Address
1160 SW 20 Ave Suite, Apt. #, etc.	1160 SW 20 Ave Suite, Apt. #, etc.
City & State: Okeechobee, Florida	City & State: Okeechobee, Florida
Zip: 34974 Country:	Zip: 34974 Country:

4. FEI Number: 65-0685835 ☐ 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
ROBERTS, MARVIN 644 NW 21ST LANE OKEECHOBEE FL 34972	Name: Mary Jane Schoonmaker Street Address (P.O. Box Number is Not Acceptable): 1160 SW 20 Ave Okeechobee, FL City: Okeechobee FL Zip Code: 34974

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: _____ 8/20/04
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 September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPV ROBERTS, MARVIN 644 NW 21ST LANE OKEECHOBEE FL 34972	☐ Delete	D Rhoden, John 1812 SW 10th Ave Okeechobee, FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KEMP, NORMA SUE 13252 NE 26TH AVE. OKEECHOBEE FL 34972	☒ Delete	D Chandler-Michelle 2548 N.W 5th Street Okeechobee, FL 34972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMP, LEE C 30750 NE 23RD WAY OKEECHOBEE FL 34972	☒ Delete	D Acheson, Gearld 200 SE 3rd Street Okeechobee, FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHOONMAKER, MARY JANE 3669 NW 165TH CT. OKEECHOBEE FL 34972	☐ Delete	DS, DT Schoonmaker, Mary Jane 1160 SW 20th Ave Okeechobee, FL 34974	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMP, JIMMY L 13252 NE 26TH AVE OKEECHOBEE FL 34972	☒ Delete	D York, Soyna 940 NE 96th Ave Okeechobee, FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, EDWARD 906 NW 12TH ST OKEECHOBEE FL 34972	☒ Delete		☐ Change ☐ Addition

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: _____ 8/20/04 863-763-7849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #