

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003281

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** OKEECHOBEE SENIOR LEAGUE FOOTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

1812 S.W. 10TH STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

1812 S.W. 10TH STREET  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 65-0685835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODEN, MANDY J  
12450 HWY 441 SE  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

RHODEN, MANDY J  
1812 SW 10TH STREET  
OKEECHOBEE, FL 34974 US

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:

02/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: ROBERTS, MARVIN  
Address: 644 NW 21ST LANE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: DURRANCE, DALE  
Address: 12450 HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DST ( ) Delete  
Name: RHODEN, MANDY  
Address: 1812 SW 10TH AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DS ( ) Delete  
Name: SCHOONMAKER, MARY JANE  
Address: 1160 SW 20TH AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: RENFOUR, MYFON  
Address: 6345 NE 72ND CIRCLE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: DST ( ) Delete  
Name: RHODEN, JOHN  
Address: 1812 SW 10TH STREET  
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: DST (X) Change ( ) Addition  
Name: RHODEN, MANDY  
Address: 1812 SW 10TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

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 exemption stated in Chapter 119, 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: JOHN RHODEN

DST

02/04/2009

Electronic Signature of Signing Officer or Director

Date