

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005092

FILED
Jul 12, 2004
Secretary of State**Entity Name:** FRIENDS OF THE OKEECHOBEE BATTLEFIELD, INC.**Current Principal Place of Business:**55 S PARROTT AVENUE
OKEECHOBEE, FL 34974**New Principal Place of Business:****Current Mailing Address:**55 S PARROTT AVENUE
OKEECHOBEE, FL 34974**New Mailing Address:****FEI Number:** 59-3735337**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENDERSON, SHAWN M
55 S PARROTT AVENUE
OKEECHOBEE, FL 34974**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: GOPHER, LOUISE
Address: RT 6 BOX 597
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD () Delete
Name: MATCHETT, EDDIE
Address: 7816 SW 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD () Delete
Name: HENDERSON, SHAWN
Address: PO BOX 35
City-St-Zip: OKEECHOBEE, FL 34973

Title: S () Delete
Name: O'CONNOR, BRENDA
Address: 55 S PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP () Delete
Name: SMALL, CHRISTINE
Address: 33104 NW 192ND AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: WATFORD, DOWLING R JR
Address: 701 NE 5TH ST
City-St-Zip: OKEECHOBEE, FL 34972

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

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

Title: D (X) Change () Addition
Name: JONES, RAYMOND E
Address: 32801 N HWY 441
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Change (X) Addition
Name: RITTER, GARY
Address: 205 PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

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: DOWLING R WATFORD, JR

TD

07/12/2004

Electronic Signature of Signing Officer or Director

Date