


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000006422	
<b>1. Entity Name</b> BIG LAKE FAMILY HISTORY SOCIETY, INC.	

<b>Principal Place of Business</b> 9920 N.E. 120TH STREET OKEECHOBEE, FL 34972	<b>Mailing Address</b> P.O. BOX 592 OKEECHOBEE, FL 34973-0592
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04192005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-1143910	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  WHEELER, FRANCES S 9920 N.E. 120TH STREET OKEECHOBEE, FL 34972
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<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PTD
<b>NAME</b>	LONG, TOMMIE J
<b>STREET ADDRESS</b>	309 NW 7TH STREET
<b>CITY-ST-ZIP</b>	OKEECHOBEE, FL 34972
<b>TITLE</b>	VD
<b>NAME</b>	DURRANCE, TERISA
<b>STREET ADDRESS</b>	1012 NW 2ND STREET
<b>CITY-ST-ZIP</b>	OKEECHOBEE, FL 34972
<b>TITLE</b>	SD
<b>NAME</b>	WHEELER, FRANCES S
<b>STREET ADDRESS</b>	9920 NE 120TH STREET
<b>CITY-ST-ZIP</b>	OKEECHOBEE, FL 34972
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
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U00000333293  
04/26/05-80091-013 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jennie J. Long Tommie J. Long 04-19-05 863-467-2036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #