

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007776

1. Entity Name

THE GENEALOGICAL SOCIETY OF OKEECHOBEE SOCIETY OF OKEECHOBEE, INC.

Principal Place of Business

3215 HWY. 441 NORTH
OKEECHOBEE FL 34872-1854

Mailing Address

3215 HWY. 441 NORTH
OKEECHOBEE FL 34872-1854

2. Principal Place of Business

3043 SE 19th CT
Okeechobee, FL
City & State

3. Mailing Address

3043 SE 19th CT
Okeechobee, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORLEY, RHODA
3215 HWY. 441 NORTH
OKEECHOBEE FL 34872-1854

7. Name and Address of New Registered Agent

Name Eve Olson

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

3043 SE 19th CT

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.

SIGNATURE Eve Olson

Eve Olson

4/8/2002

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORLEY, RHODA
STREET ADDRESS 3215 HWY. 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34872-1854 ☒ Delete

TITLE SD
NAME KELCHNER, MARY E
STREET ADDRESS 3043 SE 19TH CT.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE TD
NAME DAVIS, LINDA
STREET ADDRESS 598 SW 72ND TERR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE D
NAME OLSON, EVE
STREET ADDRESS 3043 SE 19TH CT.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☒ Delete

TITLE D
NAME WILLIAMSON, BETTY
STREET ADDRESS 9200 NE 12TH DR.
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Eve Olson
STREET ADDRESS 3043 SE 19th CT
CITY-ST-ZIP Okeechobee FL 34974 ☒ Change ☐ Addition

TITLE VPD
NAME Rogel Brown
STREET ADDRESS 35 8th ST BHR
CITY-ST-ZIP Okeechobee FL 34974-9208 ☒ Change ☐ Addition

TITLE SD
NAME Patricia Schrader
STREET ADDRESS 294 60th AVE
CITY-ST-ZIP Okeechobee FL 34974 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Eve Olson REQUIRED M Olson

4/8/2002 863-467-2674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)