

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90062 009 \*\*\*\*61.25

**DOCUMENT # N05000006220**

1. Entity Name  
**KIWANIS CLUB OF OKEECHOBEE, INC.**



Principal Place of Business  
**3175 S HIGHWAY 441  
OKEECHOBEE, FL 34974**

Mailing Address  
**3175 S HIGHWAY 441  
OKEECHOBEE, FL 34974**

**40029718**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**PO Box 2754**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**OKEECHOBEE FL**

City & State

City & State

Zip

Country

Zip

Country

**34973**

**OKEECHOBEE**

01112007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-3010799**

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

**SIMS, LAURA K  
223 S. PARROTT AVENUE  
OKEECHOBEE, FL 34974**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**P  
MONTES DE OCA, MARCOS  
2185 SW 22ND CIRCLE NORTH  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
MONTES DE OCA, MARCOS** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SUMNER, JEFF  
393 SW 67TH DRIVE  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
IRBY, FRANK  
1385 SE 23RD ST  
OKEECHOBEE, FL 34974** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WORLEY, RAY  
4231 SE 24TH TERR  
OKEECHOBEE, FL 34974** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
KIRSCH, LONNIE  
500 SW 28TH TERRACE  
OKEECHOBEE, FL 34974** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ZELLER, JAY  
120 SE 31ST LN  
OKEECHOBEE, FL 34974** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
MAXWELL, DEVIN  
3783 NW 23RD AVE  
OKEECHOBEE, FL 34972** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
THOGEAGEN, GREG  
7006 DELAND AVE  
FORT PIERCE, FL 34951** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**THOGERSEN, GREG** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
YEILDING  
4550 W 1ST AVE  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
YEILDING, BENNETT  
2326 SW 24TH AVE  
OKEECHOBEE, FL 34974** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**FRANK IRBY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR 1/11/07**  
Date

**863-357-1639**  
Daytime Phone #