2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N06000010035



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

1. Entity Name LAKE OKEECHOBEE REGIONAL ECONOMIC ALLIANCE OF PALM BEACH COUNTY, INC.								03-05-200	7 90044	008 ****	70.00	
Principal Place of Business 540 SOUTH MAIN STREET BELLE GLADE, FL 33430				Mailing Address 540 SOUTH MAIN STREET BELLE GLADE, FL 33430						4111 4413 1114 1		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			02222007	Chg-NP	CR2E0	37 (12/06)		
City & Stat	te	'\$5. 	`	ty & State			4. Æl Numbe 20-5	* 895168			pplied For ot Applicable	
Žip		Country	Zi _l	p	Country		5. Certificate	of Status Desired	XΩX	\$8.75 Ad Fee Require		
6. Name and Address of Current Registr							7. Name and Address of New Registered Agent					
LUTZ, KENNETH						Name Street Address (P.O. Box Number is Not Acceptable)						
301 NORTHWEST AVENUE C BELLE GLADE, FL 33430					3(16617	Surget Address (F.O. DOX Number is INGLACCEPTABLE)						
				City					FL	Zip Cod	de	
8. The above	named entit	y submits this statement	for the purp	ose of changing its	registered office of	y registere	ed agent, or bot	h. in the State of		- 1	and accept	
the obligat	tions of regist	tered agent.			•	v	•				,	
SIGNATURE												
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if app	olicable. (NOTE	: Registered Agent signs	ture required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007												
	_			9. Election Carr Trust Fund C	npaign Financing Contribution.		\$5.00 May B Added to Fees			k payable t rtment of S		
10.	Due by N		DIRECTORS	Trust Fund C		LJ	Added to Fees		orida Depa	rtment of S	tate	
MLE	PD PD	OFFICERS AND D	DIRECTORS	Trust Fund C	11.	LJ	Added to Fees	Fi	orida Depa	rtment of S	tate	
	PD LUTZ, KE	OFFICERS AND D	DIRECTORS	Trust Fund C	Contribution.	LJ	Added to Fees	Fi	orida Depa	RECTORS IN	tate	
TITLE NAME	PD LUTZ, KE 301 N.W.	OFFICERS AND D	DIRECTORS	Trust Fund C	11. TITLE NAME	LJ	Added to Fees	Fi	orida Depa	RECTORS IN	tate	
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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 time empowered.

SIGNATURE:

Daytime Phone #