

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010035

FILED
Jan 08, 2009
Secretary of State

Entity Name: LAKE OKEECHOBEE REGIONAL ECONOMIC ALLIANCE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

540 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

540 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 20-5895168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REASE, ROBERT L
609 SOUTH WEST 9TH STREET
BELLE GLADE, FL 33430 US

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: VP () Delete
Name: HATTON, ROGER
Address: 2727 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: TD (X) Delete
Name: TRIPP, ASHLEY
Address: 1233 NORTH WEST AVE L
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: BUNTING, BRENDA
Address: 500 NE 3RD ST
City-St-Zip: BELLE GLADE, FL 33430

Title: P () Delete
Name: TRIPP, ASHLEY
Address: 1233 NORTH WEST AVENUE L
City-St-Zip: BELLE GLADE, FL 33430

Title: T () Delete
Name: REASE, ROBERT
Address: 609 SOUTH WEST 9TH STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT L. REASE

T

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date