FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06677 (1)

1. Corporation Name

OKEECHOBEE COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
55 S. PARROTT AVE. OKEECHOBEE FL 34972	55 S. PARROTT AVE. OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0748841 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

O'CONNOR, BRENDA
55 S. PARROTT AVE.
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE PD	President / Director	☒ Change ☐ Addition
NAME	BAUGHMAN, JAMES	12 NAME	MICHAEL MCCANN	
STREET ADDRESS	1925 SE 9TH AVE	13 STREET ADDRESS	2253 S. W. 3rd Ct.	
CITY-ST-ZIP	OKEECHOBEE FL	14 CITY-ST-ZIP	Okeechobee, Florida 34974	
TITLE	VPD	21 TITLE VPD	Vice President / Director	☒ Change ☐ Addition
NAME	MCANN, MICHEAL	22 NAME	JOE MULLINS	
STREET ADDRESS	2253 SW 3RD CT	23 STREET ADDRESS	1409 S. Parrott Avenue	
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	Okeechobee, Florida 34974	
TITLE	TD	31 TITLE TD	Treasurer / Director	☒ Change ☐ Addition
NAME	BURDESHAW, JOHN E.	32 NAME	RICHARD HITT	
STREET ADDRESS	1603 S. PARROTT AVE	33 STREET ADDRESS	76 Peach Street	
CITY-ST-ZIP	OKEECHOBEE FL	34 CITY-ST-ZIP	Okeechobee, Florida 34972	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/5/10

Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MICHAEL MCCANN Jan. 20, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070074