

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N06677 (1)**

1. Corporation Name

**OKEECHOBEE COUNTY CHAMBER OF COMMERCE, INC.**

Principal Place of Business

**55 S. PARROTT AVE.  
OKEECHOBEE FL 34972**

Mailing Address

**55 S. PARROTT AVE.  
OKEECHOBEE FL 34972-2968**



3. Date Incorporated or Qualified  
**12/17/1984**

3a. Date of Last Report  
**03/25/1996**

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

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 Country

**24** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Zip Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**Brenda O'Connor**

**4/28/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
MCCANN, MICHAEL  
2253 SW 3RD CT  
OKEECHOBEE FL 34974**

TITLE ☐ DELETE

**VD  
MULLINS, JOE  
1409 S PARROTT AVENUE  
OKEECHOBEE FL 34974**

TITLE ☐ DELETE

**TD  
HITT, RICHARD  
76 PEACH STREET  
OKEECHOBEE FL 34972**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P/D  
Reynolds, Billie Jean  
744 SW 24th Avenue  
Okeechobee, Florida 34974**

2.1 TITLE ☒ Change ☐ Addition

**VP/D  
Dr. James R. Tenniswood  
208 NE 3rd Street  
Okeechobee, Florida 34972**

3.1 TITLE ☒ Change ☐ Addition

**T/D  
Peter Knoll  
106 ES Park Street  
Okeechobee, Florida 34974**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

14. I do 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 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.

CR2E037 (9/96)