

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90003 029 ****70.00

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DOCUMENT # N06677

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/17/1984

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-0748841

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
REYNOLDS, BILLIE JEAN
744 S.W. 24TH AVE.
OKEECHOBEE FL**

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

Kathy Scott

1120 WN Park Street

Okeechobee, Florida 34972

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VPD
TENNISWOOD, JAMES R DR.
208 N.E. 3RD STREET
OKEECHOBEE FL**

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD

Ed Lehman

265 Hwy. 98 North

Okeechobee, Florida 34972

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
KNOLL, PETER
106 E.S. PARK STREET
OKEECHOBEE FL**

☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD

Karen Werne'

305 EN Park Street

Okeechobee, Florida 34972

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
SCOTT, KATHY
2945 SW 3RD TERR
OKEECHOBEE FL 34974**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VPD
LEHMAN, EDWARD
265 HWY 98 NORTH
OKEECHOBEE FL 34972**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
WERNE, KAREN
305 E. N. PARK ST
OKEECHOBEE FL 34972**

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Kathy Scott*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHY SCOTT, PRESIDENT

4-27-99

941-763-6464

CR2E037 (11/98)