


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90264 007 ****70.00

DOCUMENT # N06677	
1. Entity 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
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24030404



MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0748841	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
O'CONNOR, BRENDA 55 S. PARROTT AVE. OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD MEYER, RICHARD <input checked="" type="checkbox"/> Delete
NAME	205 NE PARK STREET
STREET ADDRESS	OKEECHOBEE FL 34972
CITY-ST-ZIP	
TITLE	DV MEYER, RICHARD <input checked="" type="checkbox"/> Delete
NAME	3996 SW 9TH WAY
STREET ADDRESS	OKEECHOBEE FL 34974
CITY-ST-ZIP	
TITLE	TD MCINNES, JAMES <input type="checkbox"/> Delete
NAME	401 NW 4TH STREET
STREET ADDRESS	OKEECHOBEE FL 34972
CITY-ST-ZIP	
TITLE	S O'CONNOR, BRENDA <input type="checkbox"/> Delete
NAME	55 S PARRAH AVE
STREET ADDRESS	OKEECHOBEE FL 34972
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD Darrell Donnelly <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3996 SW 9th WAY
STREET ADDRESS	Okeechobee, Florida 34974
CITY-ST-ZIP	
TITLE	VPD Bennett Yeilding <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2326 SW 24th AVENUE
STREET ADDRESS	Okeechobee, Florida 34974
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 like empowered.

SIGNATURE: 	BRENDA O'CONNOR	April 20, 2004	863-763-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #