


# Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		06 JUL 17 AM 7:17 STATE OF FLORIDA	
<b>DOCUMENT # No 6677</b>					
<b>1. Corporation Name</b>  OKEECHOBEE COUNTY CHAMBER OF COMMERCE, INC.					
<b>2. Principal Office Address</b> 55 South Parrott Avenue Suite, Apt. #, etc. City & State Okeechobee, Florida Zip Country		<b>3. Mailing Office Address</b> (same) Suite, Apt. #, etc. City & State (same) Zip Country		CR2E081 (12/05) <span style="font-size: 2em; vertical-align: middle;">06</span>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1968				<b>5. FEI Number</b> 59-0748841 <div style="display: flex; justify-content: space-between;"><div><b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div>	
<b>7. Name and Address of Current Registered Agent</b>					
Name Brenda O'Connor					
Street Address (P.O. Box Number is Not Acceptable) 55 S. Parrott Avenue					
Suite, Apt. #, Etc. City Okeechobee					
		State FL		Zip Code 34972	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>					
Signature of Registered Agent _____				Date <u>July 11, 2006</u>	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	Donnelly, Darrell	3996 SW 9th Way	Okeechobee, Florida 34974		
VPD	Kinchen, Diane	413 SW 14th Court	Okeechobee, Florida 34974		
TD	Dukes, George	1181 NW 34th Street	Okeechobee, Florida 34972		
S	O'Connor, Brenda	55 South Parrott Avenue	Okeechobee, Florida 34972		
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
<b>SIGNATURE:</b> <u>Brenda O'Connor, Secretary</u>		Date <u>July 11, 2006</u>		863-763-6464	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	