


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 10, 2008 8:00 am
Secretary of State

04-28-2008 90319 040 ****61.25

DOCUMENT # N07000000811			
1. Entity Name BIG LAKE OUTREACH PROGRAM, INC.			
Principal Place of Business 811 NW 9 AVE OKEECHOBEE, FL 34972		Mailing Address P O BOX 1273 OKEECHOBEE, FL 34972	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLINGHAM, JAMES 684 SW 8TH ST BELLE GLADE, FL 33430		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 <i>James Willingham</i>		DATE	
Filing Fee is \$64.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARION	NAME	
STREET ADDRESS	725 NE 72ND CIR N	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, MARLON	NAME	
STREET ADDRESS	445 JANICE AVE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY, FL 33493	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CLINTON	NAME	
STREET ADDRESS	402 NE 18TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUIE, VENTRELL	NAME	
STREET ADDRESS	4980 44TH ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIN, LEE	NAME	
STREET ADDRESS	101 PELICAN LAKE AVENUE DR	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33478	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: <i>Lee Goodin</i>		Date: 4-15-08 (863) 763-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66013864



04092008 Chg-NP CR2E037 (12/08)

4. FEI Number
20-8991773

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE *James Willingham* DATE

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CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: *Lee Goodin* Date: 4-15-08 (863) 763-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date