

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008827

FILED
Feb 07, 2009
Secretary of State

Entity Name: OKEECHOBEE BATTLEFIELD FRIENDS, INC.

Current Principal Place of Business:

3175 HWY 441 S
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

3175 HWY 441 S
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 26-0883087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATFORD, DOWLING R JR
3175 HWY 441 S
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENDERSON, SHAWN
Address: PO BOX 35
City-St-Zip: OKEECHOBEE, FL 34973

Title: VPD () Delete
Name: RITTER, GARY
Address: 205 N PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: TD () Delete
Name: WATFORD, DOWLING R
Address: 3175 HWY 441 S
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: JOHNS, WILLIE
Address: 1025 BILLY JOE'S WAY
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: THOGERSEN, GREG
Address: 2100 SE OCEAN BLVD, STE 300
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: WOLOSKI, LINDA
Address: PO BOX 1490
City-St-Zip: OKEECHOBEE, FL 34973

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOWLING R WATFORD

TD

02/07/2009

Electronic Signature of Signing Officer or Director

Date