


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16529 (2)
1. Corporation Name
UNITED WAY OF OKEECHOBEE COUNTY, INC.



Principal Place of Business C/O JOHN D. CASSELS, JR. 400 N.W. SECOND STREET OKEECHOBEE FL 34972-4106	Mailing Address C/O JOHN D. CASSELS, JR. 400 N.W. SECOND STREET OKEECHOBEE FL 34972-4106
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3. Date Incorporated or Qualified 08/27/1986	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 59-2767181	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CASSELS, JOHN D., JR. 400 N.W. SECOND STREET OKEECHOBEE FL 33472	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTRELL, GARY	1.2 NAME	TRBY, FRANK
STREET ADDRESS	1500 PARROTT AVE.	1.3 STREET ADDRESS	1796 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULBRETH, GIL	2.2 NAME	LOVE, KIM
STREET ADDRESS	401 S. PARROTT AVE.	2.3 STREET ADDRESS	205 E. N. PARK ST
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972-2033
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINS, DANNY	3.2 NAME	DAINAE VEUNBLES
STREET ADDRESS	100 S.W. 5TH AVENUE	3.3 STREET ADDRESS	1796 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR, CATHY	4.2 NAME	GEORGE SWEET
STREET ADDRESS	100 S.W. 5TH AVE.	4.3 STREET ADDRESS	1796 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, EMORY	5.2 NAME	
STREET ADDRESS	208 S.W. 5TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, J. W.	6.2 NAME	
STREET ADDRESS	1088 SE 5TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: [Signature] 1/30/97 (941) 763-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071340

CR2E037 (9/96)