## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

| Jul 30 1998 8:00am |
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| Secretary of State |
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| DOCUI   | MENT # N1652                                       | 9 (2)   |  |   |  |
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| o opporation regime   |  |   |  |   |  |
| UNITED WAY OF OKEECHOBEE COUNTY, INC.   |  |   |  | I (Chille) had from diver anic rime rail brown alon city aron hads hads                                 |  |
|   |  |   |  |   |  |
| Principal Plac  | e of Business                                      | Mailing Address   |  |   |  |
| C/O JOHN D. CASSELS. JR. C/O JOHN D. CASSELS. JR.   |  |   |  | 3. Date Incorporated or Qualified   |  |
| 1 400 N.W. SECOND STREET 400 N.W. SECOND STREET OKEECHOBEE FL 34972-4106 OKEECHOBEE FL 34972-41   |  |   | }                                      | 08/27/1986  |  |
|   |  |   |  | 4. FEI Number Applied For   |  |
| 2. Principal P  | lace of Business                                   | 2a. Mailing Address   | <del></del>                            | 59-2767181   Not Applicable   |  |
| 21  | or parillos  | 26  |  | 5. Certificate of Status Desired Security Security 5. Certificate of Status Desired Fee Regulated       |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |  | 6. Election Campaign Financing \$5.00 May Be  |  |
| 22  |  | 27  |  | Trust Fund Contribution Added to Fees   |  |
| City & State  | 9  | City & State  |  | 7. Is this nonprofit corporation a homeowners association?  |  |
| <b>Z</b> ip   | Country  | 28  <br>  Z <sub>I</sub> p  | Country                                | Yes No  |  |
| 24  | 25   | 29 3  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes |  |
| <u> </u>  | 9. Name and Address of Current                     |   | <u> </u>                               | 10. Name and Address of New Registered Agent  |  |
|   |  |   | 81 Name                                |   |  |
| CASSEL  | S, JOHN D., JR.                                    |   | 82 Street                              | Address (P.O. Box Number is Not Acceptable)   |  |
| 400 N.W   | /. <b>S</b> ECOND STREET                           |   |  |   |  |
| OKEECH  | 10BEE FL 33472                                     |   | 63                                     |   |  |
|   |  |   | 84 City                                | 85 Zip Code   |  |
| 11. Pureuant  | to the provisions of Sections 617 0500             | Corporation submits this statement for the purpose of changing its registered |  |   |  |
| 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 objections of Section 617.0503, Florida Statutes. |  |   |  |   |  |
| The said Mills Copyright Too  |  |   |  |   |  |
| SIGNATURE   | Storage, typed or printed name of registered again | nt and title if applicable. (NOTE: F  | Registered Agent signature             | enequired when reinstating) DATE  |  |
| 12.   | OFFICERS AND                                       | DELETE DELETE   | 13.                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE<br>NAME   | DP<br>IRBY, Frank                                  | C OFFER   | 1.1 TITLE<br>1.2 NAME                  | A / Notition  |  |
| STREET ADDRESS  | 1796 HWY 441 N                                     |   | . 1.3 STREET ADDRESS                   | 11/4  |  |
| CITY-ST-ZIP   | OKEECHOBEE FL                                      |   | 1.4 CITY-ST-ZIP                        |   |  |
| TITLE   | D  | DELETE  |  | DVP Change Addition   |  |
| NAME  | CULBRETH, GIL                                      | •   | 2.2 NAME                               | TIM MALONEY   |  |
| STREET ADDRESS  | 401 S.PARROTT AVE.                                 |   | 2.3 STREET ADDRESS                     | 3551 Hwy 441'S  |  |
| CITY-ST-ZIP   | OKEECHOBEE FL                                      |   | 2.4 CITY-ST-ZIP                        | OFFECHURES & 34974  |  |
| TITLE   | DP   | DELETE  |  | Change Addition   |  |
| NAME  | MULLINS, DANNY                                     |   | 3.2 NAME<br>3.3 STREET ADDRESS         | DAINAE VENABLES<br>1796 HWY 441 N   |  |
| STREET ADDRESS  | 100 S.W. 5TH AVENUE OKEECHOBEE FL                  |   | 3.3 STREET ADURESS<br>3.4, CITY-ST-ZIP | OKELHOSE, A   |  |
| CITY-ST-ZIP<br>TITLE  | DS DS  | ☐ DELETE  | 4.1 TITLE                              | D Change Addition   |  |
| NAME  | BLAIR, CATHY                                       |   | 4. 2 NAME                              | BLAIR CATHY   |  |
| STREET ADDRESS  | 100 S.W. 5TH AVE.                                  |   |  | 100 SW 8th AVC  |  |
| CITY-ST-ZIP   | OKEECHOBEE FL                                      |   | 4.4 CITY - ST- ZIP                     | Okarchober FT   |  |
| TITLE   | D  | DELETE  | 5.1 TITLE                              | PATTI WILSON Addition   |  |
| NAME  | WALKER, EMORY                                      | •   | 5.2 NAME                               | PATTI WILSON  |  |
| STREET ADDRESS  | 208 S.W. 5TH AVENUE                                |   | 5.3 STRE <b>M NOW</b> ESS              | POBOX 218   |  |
| CITY-ST-ZIP   | OKEECHOBEE FL                                      | DELETE  | 5.4 CITY-ST-ZIP                        | OKELANDEL & 34973   |  |
| TITLE   | D INTENDED IN                                      | A DETELE  | 6.1 TITLE                              | LI CHANGE LI ADDRIGHT   |  |
| NAME<br>STREET ADDRESS  | OWENS, J. W.<br>1968 SE 5TH STREET                 |   | 6.2 NAME<br>6.3 STREET ADDRESS         |   |  |
| CITY-\$T-ZIP  | OKEECHOBEE FL                                      |   | 6.4 CITY - ST - ZIP                    |   |  |
| JA I basebu   | VILLUTIONE IL                                      | the first filter and the second second files                                  |  | and in Coasting 110 07(2)(i). Elevido Statutos, Liturbay costifu that the information                   |  |

Thereby 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:

941 /763-2151 XIGO