


FILE NOW: FILING FEE IS \$61.25.

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16529 (2)
1. Corporation Name
UNITED WAY OF OKEECHOBEE COUNTY, INC.



Principal Place of Business Mailing Address
C/O JOHN D. CASSELS, JR.
400 N.W. SECOND STREET
OKEECHOBEE FL 34972-4106

3. Date incorporated or Qualified
08/27/1986
4. FEI Number
59-2767181
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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

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 *Frank Irby* FRANK IRBY 1/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	IRBY, FRANK	
STREET ADDRESS	1796 HWY 441 N	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULBRETH, GIL	
STREET ADDRESS	401 S. PARROTT AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MULLINS, DANNY	
STREET ADDRESS	100 S.W. 5TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLAIR, CATHY	
STREET ADDRESS	100 S.W. 5TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, EMORY	
STREET ADDRESS	208 S.W. 5TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, J. W.	
STREET ADDRESS	1068 SE 5TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	n/c
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVP TIM MALONEY
2.3 STREET ADDRESS	3551 HWY 441 S
2.4 CITY-ST-ZIP	OKEECHOBEE FL 34974
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DS DAINAE VENABLES
3.3 STREET ADDRESS	1796 HWY 441 N
3.4 CITY-ST-ZIP	OKEECHOBEE, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D BLAIR, CATHY
4.3 STREET ADDRESS	100 SW 5TH AVE
4.4 CITY-ST-ZIP	OKEECHOBEE FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DT PATTI WILSON
5.3 STREET ADDRESS	PO BOX 218
5.4 CITY-ST-ZIP	OKEECHOBEE FL 34973
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Frank Irby* 1/15/98 941/763-2151 x160

CR2E037 (10/97)