

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90202 031 ****61.25

DOCUMENT # N16529

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/27/1986

4. FEI Number

59-2767181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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** ☐ DELETE

NAME **IRBY, FRANK**
STREET ADDRESS **1796 HWY 441 N**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **DVP** ☒ DELETE

NAME **MALONEY, TIM**
STREET ADDRESS **3551 HWY 441S**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **DS** ☐ DELETE

NAME **VENABLES, DAINAE**
STREET ADDRESS **1796 HWY 441 N**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE

NAME **BLAIR, CATHY**
STREET ADDRESS **100 SW 5TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **DT** ☐ DELETE

NAME **WILSON, PATTI**
STREET ADDRESS **P O BOX 218 N/A**
CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

941/763-4500

Date

Daytime Phone #

CR2E037 (11/98)