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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N16529

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

C/O JOHN D. CASSELS, JR.
400 N.W. SECOND STREET
OKEECHOBEE FL 34972-4106



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/27/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2767181

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSELS, JOHN D., JR.
400 N.W. SECOND STREET
OKEECHOBEE FL 33472

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME MALONEY, TIM
STREET ADDRESS .3551 HWY 4415
CITY-ST-ZIP OKEECHOBEE FL 34974

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

941/763-4500
Daytime Phone #

CR2E037 (1/198)