

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16529

FILED
Apr 28, 2004
Secretary of State

Entity Name: UNITED WAY OF OKEECHOBEE COUNTY, INC.

Current Principal Place of Business:

C/O JOHN D. CASSELS, JR.
400 N.W. SECOND STREET
OKEECHOBEE, FL 349724106

New Principal Place of Business:

Current Mailing Address:

C/O JOHN D. CASSELS, JR.
400 N.W. SECOND STREET
OKEECHOBEE, FL 349724106

New Mailing Address:

FEI Number: 59-2767181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IRBY, FRANK
Address: 1796 HWY 441 N
City-St-Zip: OKEECHOBEE, FL

Title: VD () Delete
Name: LAFFERTY, STEVE
Address: 3551 HWY 441 S
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: BLAIR, CATHY
Address: 100 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL

Title: D () Delete
Name: WILSON, PATTI
Address: 307 NW 5TH AVENUE, SUITE A
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: BOWERS, KAREN
Address: 2801 S. HWY 441
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAFFERTY, JENNIFER
Address: 1506 S PARROTT AVE
City-St-Zip: OKEECHOBEE, F; 34974

Title: D () Change (X) Addition
Name: ABNEY, JOHN
Address: 805 SW 15TH ST
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER LAFFERTY

TRES

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date

CHERYL SUTTON
700 SW 2ND AVE
OKEECHOBEE, FL 34974

ANDY JERANT
323 N PARROTT AVE
OKEECHOBEE, FL 34972

CHRISINA LOCKE
107 SW 17TH ST
OKEECHOBEE, FL 34974

MELODY HODGES
500 N PARROTT AVE
OKEECHOBEE, FL 34974

SAM SMITH
2229 NW 9TH AVE
OKEECHOBEE, FL 34972

MICHELE WATFORD
17956 HWY 441 N
OKEECHOBEE, FL 34972

ROGER THOMAS
7200 HWY 441 N
OKEECHOBEE, FL 34972

CHRIS CARUSO DIRECTOR
1796 HWY 441 N
OKEECHOBEE, FL 34972