

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16529

FILED  
May 13, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**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: 1385 SE 23RD ST  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD ( ) Delete  
Name: FOLSOM, KEVIN  
Address: 3551 SY 441 S  
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD ( ) Delete  
Name: BLAIR, CATHY  
Address: 2365 SW 22ND CIR  
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD ( ) Delete  
Name: LAFFERTY, JENNIFER  
Address: 1506 S PARROTT AVE  
City-St-Zip: OKEECHOBEE, F; 34974

Title: D ( ) Delete  
Name: MAXWELL, ELIZABTH  
Address: 405 NW 3RD ST  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: SMITH, SAM  
Address: 2229 NW 9TH AVE  
City-St-Zip: OKEECHOBEE, FL 34974

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

TD

05/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date