

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16529

FILED
Oct 19, 2009
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:

700 SW 2ND AVE
OKEECHOBEE, FL 34974

Current Mailing Address:

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

New Mailing Address:

PO BOX 7
OKEECHOBEE, FL 34973

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:

SUTTON, CHERYL
700 SW 2ND AVE
OKEECHOBEE, FL 34974 US

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: CHERLY SUTTON

10/19/2009

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 (X) 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: D (X) Change () Addition
Name: HURLEY, MARY
Address: 700 SW 2ND AVE
City-St-Zip: OKEECHOBEE, FL 34974

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

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10/19/2009

Electronic Signature of Signing Officer or Director

Date