

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19879

1. Entity Name

OKEECHOBEE AUXILIARY 4137, FRATERNAL ORDER OF EA

Principal Place of Business

9985 N HWY 441
OKEECHOBEE FL 34972

Mailing Address

P.O. BOX 1446
OKEECHOBEE FL 34972-0870
DISCONTINUED

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

DISCONTINUED

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2659205

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THARPE, GENEVIEVE
2289 NW 32ND DRIVE
OKEECHOBEE FL 34972-8818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Genevieve Tharpe, Secretary FOE 4137 Corp

1/24/2000

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME LLOYD, CAROLYN S
STREET ADDRESS 51 LAKE DRIVE BHR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VPD ☒ Delete
NAME MINCY, JOWANA
STREET ADDRESS 33653 NW 21ST AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE SD ☐ Delete
NAME THARPE, GENEVIEVE
STREET ADDRESS 2289 NW 32ND DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972-8818

TITLE TD ☒ Delete
NAME LICHTENBERG, CYNTHIA
STREET ADDRESS 4276 HWY 441 S
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☒ Addition
NAME FELT, LOLI
STREET ADDRESS 16880 NW 38TH AVE
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VPD ☒ Change ☒ Addition
NAME DANIELS, ANITA M.
STREET ADDRESS 3731 SE 32ND LANE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Change ☐ Addition
NAME SAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☒ Addition
NAME LLOYD, CAROLYN S
STREET ADDRESS 51 LAKE DRIVE BHR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Genevieve Tharpe, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

863.467-2098

Daytime Phone #

CR2E037 (9/99)