

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90095 007 \*\*\*\*70.00

**DOCUMENT # N19879**

1. Entity Name

OKEECHOBEE AUXILIARY 4137, FRATERNAL ORDER OF EAGLES, INC.



Principal Place of Business

Mailing Address

9985 N HWY 441  
OKEECHOBEE FL 34972

9985 N HWY 441  
OKEECHOBEE FL 34972

2. Principal Place of Business

3. Mailing Address

OKEECHOBEE  
AUX 4137, FRATERNAL ORDER OF EAGLES

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9985 HWY 441 N

City & State

OKEECHOBEE, FL

City & State

Zip

Country

Zip

Country

34972

OKEECHOBEE

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 GENEVIEVE THARPE

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

2289 NW 32ND DRIVE

OKEECHOBEE

City

FL

Zip Code

34972

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Genevieve Tharpe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-3-04

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME CROSS, OCTAVIA  
STREET ADDRESS 445 NW 102 ST.  
CITY-ST-ZIP OKEECHOBEE FL 34972-8474

TITLE PD ☒ Change ☒ Addition  
NAME MINCEY - JOWANA  
STREET ADDRESS 33653 NW 21ST AVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972-7598

TITLE VPD ☒ Delete  
NAME MINCEY, JONANA  
STREET ADDRESS 33653 NW 21ST AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34972-7598

TITLE VPD ☐ Change ☒ Addition  
NAME BOYLES, MARJORIE  
STREET ADDRESS 705 SW 77 TERR  
CITY-ST-ZIP OKEECHOBEE, FL 34972-1551

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

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

TITLE TD ☒ Delete  
NAME HINDBAUGH, SANDRA  
STREET ADDRESS 2700 NE 54 TRAIL  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE TD ☒ Change ☒ Addition  
NAME SMITH, KATHY  
STREET ADDRESS 1071 NW 1104 ST  
CITY-ST-ZIP OKEECHOBEE, FL 34972-7514

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-04

Date

863-763-2552

Daytime Phone #