

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90038 031 ****61.25

60006334



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0045254 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEVIGNY, ELINOR A.
1307 S. PARROTT AVENUE
LOT 57
OKEECHOBEE, FL 33974

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMSON, FRANK JR.	
STREET ADDRESS	9200 NE 12TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CONNER, BURTON C.	
STREET ADDRESS	1609 SW 7TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, DAVID	
STREET ADDRESS	1000 SW 5TH ST	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARNER, SHELIA	
STREET ADDRESS	4932 SE 42ND ST	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENTY, ERNEST	
STREET ADDRESS	417 NE 13TH AVE	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VASQUEZ, SYLVIA	
STREET ADDRESS	3081 NW 2ND ST	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Williamson, Jr.	
STREET ADDRESS	9200 NE 12th Drive	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Lasserty	
STREET ADDRESS	P.O. Box 1798	
CITY-ST-ZIP	Okeechobee, FL 34973	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	3081 NW 2nd St	
CITY-ST-ZIP	Okeechobee, FL 34972	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sylvia Vasquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #