

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91226 011 \*\*\*\*61.25

**DOCUMENT # N30013**

1. Entity Name

THE OKEECHOBEE JAYCEES, INC.



Principal Place of Business

6675 SW 9TH ST  
OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 1476  
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

65-0144476

Applied For

Not Applicable

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

CRANE, MARCIA  
6615 SW 9TH ST  
OKEECHOBEE FL 34974

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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 P  
NAME CRANE, MARCIA ☐ Delete  
STREET ADDRESS 6675 SW 9TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE President ☒ Change ☐ Addition  
NAME Margaret Bowers  
STREET ADDRESS PO Box 1112  
CITY-ST-ZIP Okeechobee FL 34973

TITLE MDVP  
NAME IRWIN, BARRY ☐ Delete  
STREET ADDRESS 402 NW 23RD LN  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE CDVP ☒ Change ☐ Addition  
NAME Redikar Melinda  
STREET ADDRESS 201 NE 10th Street  
CITY-ST-ZIP Okeechobee, FL 34972

TITLE MVP  
NAME HAZENLIEF, JUSTIN ☐ Delete  
STREET ADDRESS 4351 HWY 441 N  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE IDVP ☒ Change ☐ Addition  
NAME Redikar Eeri  
STREET ADDRESS 3684 SW 16th Street  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE TDVP  
NAME CRANE, TONY ☐ Delete  
STREET ADDRESS 6675 SW 9TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE State Director ☒ Change ☐ Addition  
NAME Bankston, Crystal  
STREET ADDRESS 5980 NW 340th Street  
CITY-ST-ZIP Okeechobee, FL 34972

TITLE T  
NAME BOWERS, MARGARET ☐ Delete  
STREET ADDRESS PO BOX 1112  
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE Treasurer ☒ Change ☐ Addition  
NAME Mechling Timothy  
STREET ADDRESS 2355 28th Street  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE S  
NAME MARCENEK, MARY ☐ Delete  
STREET ADDRESS 14 CASEY LN  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE Secretary ☒ Change ☐ Addition  
NAME Palbman Amy  
STREET ADDRESS 1045 NW 98th Street  
CITY-ST-ZIP Okeechobee, FL 34972

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:**

*Timothy R Mechling* *Timothy R Mechling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/04*  
Date

*(561) 261-0741*  
Daytime Phone #