

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90028 038 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

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 <i>Same 2525 NE 131st Ave</i>		3. Mailing Address <i>Same as Above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Okeechobee FL</i>		City & State	
Zip <i>34972</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 65-0144476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, MARCIA 6615 SW 9TH ST OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name <i>Margaret Bowers</i> Street Address (P.O. Box Number is Not Acceptable) <i>2525 NE 131st Lane</i> City <i>Okeechobee</i> FL Zip Code <i>34972</i>	
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. <i>Margaret Bowers</i>			
SIGNATURE <i>Margaret Bowers</i>		SIGNATURE <i>Marcia Crane</i> <i>He-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWERS, MARGARET P.O. BOX 1112 OKEECHOBEE, FL 34973 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cindy Brandel 2525 NE 131st Lane Okeechobee, FL 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDVP RESLIKAR, MELINDA 201 NE 10TH STREET OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eric Crews 5930 NW 24th St. Okeechobee, FL 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IDVP REDIKER, EZRI 3684 SW 16TH STREET OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BANKTON, CRYSTAL 5990 NW 340TH STREET OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MECHLING, TIMOTHY 2355 28TH STREET OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLOMAR, AMY 1045 NW 96TH STREET OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Margaret Bowers</i>		Date <i>1-6-05</i> 863-763-6796	