

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90066 048 ****61.25

DOCUMENT # N30013

1. Entity Name
THE OKEECHOBEE JAYCEES, INC.



Principal Place of Business
**2525 NE 131ST LANE
OKEECHOBEE, FL 34974**

Mailing Address
**2525 NE 131ST LANE
OKEECHOBEE, FL 34974**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

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

**BOWERS, MARGARET
2525 NE 131ST LANE
OKEECHOBEE, FL 34974**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P. COB
NAME	BOWERS, MARGARET
STREET ADDRESS	PO BOX 1112
CITY-ST-ZIP	OKEECHOBEE, FL 34973
TITLE	D
NAME	BRANDEL, CINDY
STREET ADDRESS	2525 NE 131ST LANE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	CREWS, ERIC
STREET ADDRESS	5980 NW 240TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	President
NAME	Jeanette Smart
STREET ADDRESS	1108 S.W. 4th Street
CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Margaret Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06
Date

863-763-6796
Daytime Phone #