

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30013

FILED  
May 29, 2009  
Secretary of State

**Entity Name:** THE OKEECHOBEE JAYCEES, INC.

**Current Principal Place of Business:**

2525 NE 131ST LANE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

2525 NE 131ST LANE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 65-0144476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOWERS, MARGARET  
2525 N.E. 131ST LANE  
OKEECHOBEE, FL 34974      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BOWERS, MARGARET  
Address: PO BOX 1112  
City-St-Zip: OKEECHOBEE, FL 34973

Title: D      ( ) Delete  
Name: BRANDEL, CINDY  
Address: 2525 NE 131ST LANE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D      ( ) Delete  
Name: CREWS, ERIC  
Address: 5980 NW 240TH ST  
City-St-Zip: OKEECHOBEE, FL 34972

Title: P      ( ) Delete  
Name: SMET, JEANETTE  
Address: 1108 SW 4 ST  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: CARUSO, PATRICK J  
Address: 13114 NE 26TH AVE  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET BOWERS

P

05/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date