


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N30758 (9)**  
1. Corporation Name  
**OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AUXILIARY, INC.**

Principal Place of Business <b>C/O VINCENT LAMARIANA 9999 NE 120TH STREET OKEECHOBEE FL 34972-5538</b>	Mailing Address <b>C/O VINCENT LAMARIANA 9999 NE 120TH STREET OKEECHOBEE FL 34972-7470</b>
---	---



<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> 22. City & State	<b>27</b> 27. City & State
<b>23</b> 23. Zip	<b>28</b> 28. Zip
<b>24</b> 24. Country	<b>30</b> 30. Country

<b>3.</b> Date Incorporated or Qualified <b>02/17/1989</b>	<b>3a.</b> Date of Last Report <b>02/05/1996</b>
<b>4.</b> FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**LAMARIANA, VINCENT  
9999 NE 120TH STREET  
OKEECHOBEE FL 34972-5538**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'CONNOR, MICHAEL G.</b>
STREET ADDRESS	<b>1416 HIGHWAY 70 EAST</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAMARIANA, VINCENT</b>
STREET ADDRESS	<b>9999 N.E. 120TH STREET</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, STEVEN D.</b>
STREET ADDRESS	<b>1407 S.E. 8TH AVE.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME
<b>1.3</b> STREET ADDRESS
<b>1.4</b> CITY-ST-ZIP
<b>2.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME
<b>2.3</b> STREET ADDRESS
<b>2.4</b> CITY-ST-ZIP
<b>3.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME
<b>3.3</b> STREET ADDRESS
<b>3.4</b> CITY-ST-ZIP
<b>4.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME
<b>4.3</b> STREET ADDRESS
<b>4.4</b> CITY-ST-ZIP
<b>5.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME
<b>5.3</b> STREET ADDRESS
<b>5.4</b> CITY-ST-ZIP
<b>6.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME
<b>6.3</b> STREET ADDRESS
<b>6.4</b> CITY-ST-ZIP

**14.** I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/25/97 Steven D. Nelson**

CF2E037 (9/96)