

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N30758

1. Entity Name
OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AUXILLARY, INC.



FILED
 05 APR 18 AM 10: 21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 C/O STEVEN D. NELSON
 203 S.W. PARK ST
 OKEECHOBEE, FL 34972-5538

Mailing Address
 C/O STEVEN D. NELSON
 203 S.W. PARK ST
 OKEECHOBEE, FL 34972-5538



2. Principal Place of Business
OKEECHOBEE COUNTY SHERIFF

3. Mailing Address
OKEECHOBEE CO SHERIFF'S OFC

Suite, Apt. #, etc.
ATTN: SAR UNIT, 504 NW 4th ST

Suite, Apt. #, etc.
ATTN: SAR UNIT; 504 NW 4th ST

04052005 Chg-NP CR2E037 (10/03)

City & State
OKEECHOBEE, FLORIDA

City & State
OKEECHOBEE, FLORIDA

Zip
FL 34972

Country

Zip
FL 34972

Country

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, STEVEN D.
 203 SW PARK STREET
 OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent

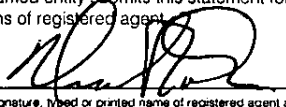
Name
LAMARIANA, VINCENT

Street Address (P.O. Box Number is Not Acceptable)

9999 NE 120th STREET

City
OKEECHOBEE FL Zip Code
FL 34972

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  **VINCENT LAMARIANA, PRESIDENT** 6 APRIL 2005

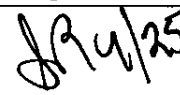
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MUNGER, JOHN 2222 SE 23RD STREET OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500054015885 05/06/05--01069--003 **\$61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D WILLIAMS, CHARLES 1012 SW 6th STREET OKEECHOBEE, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D PAUL C. MAY 504 NW 4th STREET OKEECHOBEE, FL 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  **VINCENT LAMARIANA** 4/11/05 863-467-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #