

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90089 041 ****61.25

DOCUMENT # N30758



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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Steven D. Nelson Reg. Agent - Dept.* 1/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	O'CONNOR, MICHAEL G.	1416 HIGHWAY 70 EAST	OKEECHOBEE FL				
D	LAMARIANA, VINCENT	9999 N.E. 120TH STREET	OKEECHOBEE FL				
DT	NELSON, STEVEN D.	1407 S.E. 8TH AVE.	OKEECHOBEE FL 34974				

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: *Steven D. Nelson* 1/4/03 863 763-5100 ET3

CR2E037 (10/02)