

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32016 (0)

1. Corporation Name

LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 30
OKEECHOBEE FL 34973-0030

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OKEECHOBEE FL 34973-0030

3. Date Incorporated or Qualified
04/21/1989

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired :

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANDLER, LOUISE
1007 S.W. 6TH AVE.
OKEECHOBEE FL 34972

81

Name

Wanda Matthews

82

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

12800 Hwy 70 W

83

Okeechobee

84

City

85

Zip Code

200001740FL 34972

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

Wanda Matthews

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME PHIL AVANT
STREET ADDRESS 972 NE 20TH TERR
CITY-ST-ZIP OKEECHOBEE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Rowell, Irene
1.3 STREET ADDRESS 14975 NW 30 Ter
1.4 CITY-ST-ZIP Okeechobee, FL 34972

TITLE ST ☐ DELETE
NAME CHANDLER, LOUISE
STREET ADDRESS 1007 S.W. 6TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34974

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME AVANT, Phil
2.3 STREET ADDRESS 1640 SW 28 St
2.4 CITY-ST-ZIP Okeechobee FL 34972

TITLE P ☐ DELETE
NAME CHANDLER, NOEL
STREET ADDRESS 1007 SW 6TH AVENUE
CITY-ST-ZIP OKEECHOBEE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MATTHEWS, WANDA
3.3 STREET ADDRESS 12800 Hwy 70 W
3.4 CITY-ST-ZIP Okeechobee FL 34972

TITLE D ☐ DELETE
NAME BARNHILL, WADE
STREET ADDRESS 17205 NW 240TH ST
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME MATTHEWS, Phillip
4.3 STREET ADDRESS 12800 Hwy 70 W
4.4 CITY-ST-ZIP Okeechobee FL 34972

TITLE D ☐ DELETE
NAME MATTHEWS, PHILLIP
STREET ADDRESS 12800 HWY. 70 W.
CITY-ST-ZIP OKEECHOBEE FL 34974

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DAVIS, ALFRED
5.3 STREET ADDRESS 14975 NW 30 Ter
5.4 CITY-ST-ZIP Okeechobee FL 34972

TITLE D ☐ DELETE
NAME WHIDDEN, JOHN
STREET ADDRESS 3407 N.W. 33RD AVE.
CITY-ST-ZIP OKEECHOBEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS Same
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Wanda Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 941-763-2836

Date

Daytime Phone #

CR2E037 (12/95)