FILE NOW: FILING FEE IS $61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	P.O. BOX 30 OKEECHOBEE FL 34973-0030

3. Date Incorporated or Qualified: **04/21/1989**
3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MATTHEWS, WANDA
12800 HWY. 70 W
OKEECHOBEE FL 34972

same →

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	PHIL AVANT		1.2 NAME	Jim Johnson	
STREET ADDRESS	1690 SW 28 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		1.4 CITY-ST-ZIP	Okeechobee, Fl	
TITLE	P	☐ DELETE	2.1 TITLE	Vice Pres.	☒ Change ☐ Addition
NAME	ROWELL, IRENE		2.2 NAME	Bill Acheson	
STREET ADDRESS	14975 NW 30 TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		2.4 CITY-ST-ZIP	Okeechobee, Fl	
TITLE	ST	☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MATTHEWS, WANDA		3.2 NAME	Wanda Matthews	
STREET ADDRESS	12800 HWY. 70 W		3.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Secretar	☒ Change ☐ Addition
NAME	MATTHEWS, PHILLIP		4.2 NAME	Irene Rowell	
STREET ADDRESS	12800 HWY. 70 W		4.3 STREET ADDRESS	14975 NW 30 Ter	
CITY-ST-ZIP	OKEECHOBEE FL 34972		4.4 CITY-ST-ZIP	Okeechobee Fl 34972	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ALFRED		5.2 NAME		
STREET ADDRESS	14975 NW 30 TERR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHIDDEN, JOHN		6.2 NAME		
STREET ADDRESS	3407 N.W. 33RD AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 0000		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.