

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 P.O. BOX 30 OKEECHOBEE FL 34973-0030		Mailing Address P.O. BOX 30 OKEECHOBEE FL 34973-0030	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/21/1989			
4. FEI Number 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 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent MATTHEWS, WANDAE 12800 HWY. 70 W OKEECHOBEE FL 34972		10. Name and Address of New Registered Agent 81 Name IRENE ROWELL 82 Street Address (P.O. Box Number is Not Acceptable) 14975 N.W. 30th TERRACE 83 Okeechobee, FL. 84 City FL 85 Zip Code 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 <u>Irene Rowell</u> IRENE ROWELL 1-20-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P ☒ DELETE NAME JOHNSON, JIM STREET ADDRESS 1690 SW 28 ST. CITY-ST-ZIP OKEECHOBEE FL	1.1 TITLE P ☒ Change ☐ Addition 1.2 NAME PETE DANIELS 1.3 STREET ADDRESS 75 LAKE DRIVE BIR 1.4 CITY-ST-ZIP Okeechobee, FL. 34974	2.1 TITLE VP ☒ Change ☐ Addition 2.2 NAME WAYNE Richbourg 2.3 STREET ADDRESS 9982 N.E. 120th ST. 2.4 CITY-ST-ZIP Okeechobee, FL. 34972	
TITLE VP ☒ DELETE NAME ACHESON, BILL STREET ADDRESS 14975 NW 30 TERR. CITY-ST-ZIP OKEECHOBEE FL	3.1 TITLE T ☒ Change ☐ Addition 3.2 NAME CORRINENA HAWK 3.3 STREET ADDRESS 6631 S.E. 8th ST 3.4 CITY-ST-ZIP Okeechobee, FL. 34974	4.1 TITLE S ☐ Change ☐ Addition 4.2 NAME IRENE ROWELL 4.3 STREET ADDRESS 14975 N.W. 30th TERR. 4.4 CITY-ST-ZIP Okeechobee, FL. 34972	
TITLE S ☐ DELETE NAME ROWELL, IRENE STREET ADDRESS 14975 NW 30 TERR CITY-ST-ZIP OKEECHOBEE FL	5.1 TITLE D ☒ Change ☐ Addition 5.2 NAME Buddy Hancock 5.3 STREET ADDRESS 639 S.E. 14th Ave. 5.4 CITY-ST-ZIP Okeechobee, FL. 34974	6.1 TITLE D ☒ Change ☐ Addition 6.2 NAME Chuck Hawk 6.3 STREET ADDRESS 6631 S.E. 8th ST. 6.4 CITY-ST-ZIP Okeechobee, FL. 34974	
TITLE D ☒ DELETE NAME DAVIS, ALFRED STREET ADDRESS 14975 NW 30 TERR. CITY-ST-ZIP OKEECHOBEE FL 34972	14. 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 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.		
TITLE D ☒ DELETE NAME WHIDDEN, JOHN STREET ADDRESS 3407 N.W. 33RD AVE. CITY-ST-ZIP OKEECHOBEE FL 0000	SIGNATURE: <u>Irene Rowell</u> IRENE ROWELL 1-20-98 941-763-6330		



CR2E037 (10/97)