

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90089 037 ****61.25

DOCUMENT # N32016

1. Entity 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

94053464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004

Chg-NP

CR2E037 (10/03)

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

HANCOCK, JOHN (BUDDY)
639 S.E. 14TH AVE.
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 **P** ☐ Delete
NAME **HANCOCK, BUDDY**
STREET ADDRESS **639 S.E. 14TH AVE.**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **VP** ☐ Delete
NAME **HARDEN, DANNY**
STREET ADDRESS **916 W.N. PARK STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **T** ☒ Delete
NAME **JOHNSON, JIM**
STREET ADDRESS **251 N.E. 80TH AVE.**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **S** ☐ Delete
NAME **HARDEN, MELISSA**
STREET ADDRESS **916 W.N. PARK STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **D** ☐ Delete
NAME **GATES, SCOTT**
STREET ADDRESS **106 20 STREET, ROUTE 4**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **D** ☐ Delete
NAME **DANIELS, PETE**
STREET ADDRESS **168 LAKE DR., WEST BHR**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Dorothy Anderson**
STREET ADDRESS **404 NW. 176th Terr**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Buddy Hancock

Buddy Hancock

Date

4/13/04

Daytime Phone #

863-634-3957