2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N32016

FILED **Secretary of State**

02-11-2005 90024 049 ****61.25

Feb 11, 2005 8:00 am

LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC. Principal Place of Business Mailing Address 40016501 P.O. BOX 30 P.O. BOX 30 OKEECHOBEE, FL 34973-0030 OKEECHOBEE, FL 34973-0030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02012005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent HANCOCK, JOHN (BUDDY) 639 S.E. 14TH AVE. OKEECHOBEE, FL 34974 Zip Code 34974-858 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE TH Change ☐ Addition R. Dennis Anderson 404 NW 176th Terrace HANCOCK, BUDDY NAME NAME STREET ADDRESS 639 S.E. 14TH AVE. STREET ADDRESS OKEECHOBEE, FL 34974 CITY-ST-ZIP CITY-ST-ZIP FL 34974-8581 O Keechobee. ☐ Delete TITLE ☐ Addition TITLE HARDEN, DANNY NAME 916 W N PARK STREET STREET ADDRESS STREET ADDRESS OKEECHOBEE, FL 34972 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Linda Hancock 639 SE 14th Avenue Change ☐ Addition NAME ANDERSON, DOROTHY NAME 404 NW 176TH TERR STREET ADDRESS STREET ADDRESS OKEECHOBEE, FL 34974 CITY-ST-ZIP Okerchobee, FL 34974 CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE Dorothy Anderson HARDEN, MELISSA NAME 404 NW 176th Terrace 916 W.N. PARK STREET STREET ADDRESS STREET ADDRESS OKeechobee, FL 34974-8581 CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP ☐ Delete TITLE Addition GATES, SCOTT NAME NAME STREET ADDRESS 106 20 STREET, ROUTE 4 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition DANIELS, PETE NAME NAME 168 LAKE DR., WEST BHR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE, FL 34974

12. I hereby certify that the information supplied with this filling 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. Dennis

SIGNATURE: