

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 036 ****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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, R DENNIS
404 NW 176TH TERRACE
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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	ANDERSON, R DENNIS	
STREET ADDRESS	404 NW 176TH TERRACE	
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	HANCOCK, LINDA	
STREET ADDRESS	639 SE 14TH AVE	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE	S	☒ Delete
NAME	ANDERSON, DOROTHY	
STREET ADDRESS	404 NW 176TH TERRACE	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
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	VP	☒ Change	☐ Addition
NAME	Hancock, John C.		
STREET ADDRESS	639 S.E. 14 th Ave.		
CITY - ST - ZIP	Okeechobee, FL 34974		
TITLE	S/T	☐ Change	☒ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	D	☐ Change	☒ Addition
NAME	Johnson, Jim		
STREET ADDRESS	251 N.E. 80 th Ave.		
CITY - ST - ZIP	Okeechobee, FL 34974		
TITLE	D	☒ Change	☐ Addition
NAME	Gates, Tina		
STREET ADDRESS	106 20 th street, BHR		
CITY - ST - ZIP	Okeechobee, FL 34974		
TITLE		☒ Change	☐ Addition
NAME			
STREET ADDRESS	3321 SE 31 th Ave.		
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Linda S. Hancock Linda S. Hancock

04/05/06 (213) 763-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desktop Phone #