2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N32016

Entity Name: LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC.

Current Principal Place of Business:

JOHN HANCOCK
639 SE 14TH AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30
OKEECHOBEE, FL 349730030

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANCOCK, JOHN
639 SE 14TH AVE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANDERSON, R DENNIS
Address: 404 NW 176TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD ( ) Delete
Name: HANCOCK, JOHN C
Address: 639 SE 14TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: T ( ) Delete
Name: HANCOCK, LINDA
Address: 639 SE 14TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VPSD ( ) Delete
Name: BARBER, DON
Address: 1673 SW 35TH CIR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: SAMBORSKI, JULIAN
Address: 8089 NE 12TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: VOGES, ARLENE
Address: 54 LAKE DR BHR
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VOGES, BILL
Address: 54 LAKE DR, BHR
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BARBER, DON
Address: 1673 SW 35TH CIR
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA HANCOCK T 02/04/2009

Electronic Signature of Signing Officer or Director — Date