

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32164

1. Entity Name

OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90167 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

700 SW 2ND AVE  
OKEECHOBEE FL 34974  
US

700 SW 2ND AVE  
OKEECHOBEE FL 34974  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0219235

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLINS, DANNY L.  
700 SW 2ND AVE  
OKEECHOBEE FL 34974

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MULLINS, DANNY L.  
STREET ADDRESS 2319 S.W. 21ST ST.  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE VD ☐ Delete  
NAME ENRICO, DONNA G.  
STREET ADDRESS 6001 S.E. 28TH AVENUE  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE SD ☐ Delete  
NAME DIXON, LEE  
STREET ADDRESS 2191 S.W. 19TH LANE  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE TD ☐ Delete  
NAME DAVIS, CYNTHIA  
STREET ADDRESS 3070 N.W. 2ND STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE SD ☒ Delete  
NAME KENWORTHY, KEN  
STREET ADDRESS 1090 N.E. 101ST AVENUE  
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE ☐ Delete  
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:

*Cynthia K. Davis* CYNTHIA K. DAVIS

2-8-02

863-462-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)