

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State
02-09-2007 90030 019 ****61.25

DOCUMENT # N32164 1. Entity Name OKEECHOBEE EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 700 SW 2ND AVE OKEECHOBEE, FL 34974 US			Mailing Address 700 SW 2ND AVE OKEECHOBEE, FL 34974 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0219235	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABNEY, JOHN 700 SW 2ND AVE OKEECHOBEE, FL 34974				7. Name and Address of New Registered Agent Name Linda Syfrett Street Address (P.O. Box Number is not Acceptable) 700 SW 2 Avenue City Okeechobee FL Zip Code 34974	
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 <i>Linda Syfrett</i> Linda Syfrett President DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABNEY, JOHN 700 SW 2 AVE OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURLEY, MARY 4390 SE 50 AVE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENWORTHY, KEN 1090 NE 101 AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VINSON, SHARON 445 NW 113 DR OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, MIKE 2101 S. PARROTT AVENUE OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONELY, TOM P.O., BOX 1367 OKEECHOBEE, FL 34973 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sharon Vinson</i> SHARON VINSON 1/30/07 (863) 462 5000 x257 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
40013008
#132164

OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

OFFICERS AND DIRECTORS, CONTINUED

POSITION	NAME	ADDRESS
D	Russ Brown	700 SW 2nd Avenue Okeechobee, FL 34974
D	Debbie Clements	458 Hwy 98 North Okeechobee, FL 34972
D	Dr. Patricia Cooper	700 SW 2nd Avenue Okeechobee, FL 34974
D	Mike Costopoulos	195 SW 28th Street Okeechobee, FL 34974
D	Beth Lehman	265 N Highway 98 Okeechobee, FL 34972
D	Danny Mullins	2319 SW 21st Street Okeechobee, FL 34974
D	Kelly Owens	13075 SE 34th Trail Okeechobee, FL 34974
D	Gretchen Robertson	204 NE 3rd Avenue Okeechobee, FL 34972
D	Jeff Sabin	7700 SE Bridge Road Hobe Sound, FL 33455
D	Ben Sims	P.O. Box 1269 Okeechobee, FL 34973
P/D	Linda Syfrett	501 SW 28th Terrace Okeechobee, FL 34974
D	Tabitha Trent	1560 S Parrott Avenue Okeechobee, FL 34974
D	Celeste Watford	307 NW 5th Avenue Okeechobee, FL 34972