2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2008 8:00 am Secretary of State **DOCUMENT # N32164** 1. Entity Name 03-31-2008 90010 028 ****61.25 OKEÉCHOBEE EDUCATIONAL FOUNDATION, INC. Principal Place of Business Mailing Address 700 SW 2ND AVE 700 SW 2ND AVE OKEECHOBEE, FL 34974 OKEECHOBEE: FL 34974 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0219235 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INDA SYFRETT SYFROTT, LINDA 700 SW 2ND AVE Street Address (P.O. Box Number is Not Acceptable) OKEECHOBEE, FL 34974 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURLEY, MARY NAME NAME STREET ADDRESS 4390 SE 50 AVE STREET ADDRESS CITY-ST-7IP OKEECHOBEE, FL 34974 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change ☐ Addition KENWORTHY, KEN NAME NAME STREET ADDRESS 1090 NE 101 AVE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP TD TITLE ☐ Detete TITLE ☐ Change ☐ Addition VINSON, SHARON NAME NAME STREET ADDRESS 445 NW 113 DR STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition CONELY, TOM NAME STREET ADDRESS P.O., BOX 1367 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34973 CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 188 J.J. Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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. rest. SIGNATURE: SIGNATURE AND DIDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. ACHNENT 40054497

N32164

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