

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32164

FILED
Jan 14, 2009
Secretary of State

Entity Name: OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

700 SW 2ND AVE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

700 SW 2ND AVE
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 65-0219235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYFRETT, LINDA
700 SW 2ND AVE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

SYFRETT, LINDA
501 SW 28 TERRACE
OKEECHOBEE, FL 34974 US

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: _____

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HURLEY, MARY
Address: 4390 SE 50 AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD () Delete
Name: KENWORTHY, KEN
Address: 1090 NE 101 AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: TD () Delete
Name: VINSON, SHARON
Address: 445 NW 113 DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: CONELY, TOM
Address: P.O., BOX 1367
City-St-Zip: OKEECHOBEE, FL 34973

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: CLEMENTS, DEBBIE
Address: 458 HWY. 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Change (X) Addition
Name: BROWN, RUSS
Address: 8350 SW 9 STREET
City-St-Zip: OKEECHOBEE, FL 34974

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: SHARON VINSON

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date