

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32164

**FILED**  
**Feb 17, 2011**  
**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  
501 SW 28 TERRACE  
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: VD  
Name: HURLEY, MARY  
Address: 4390 SE 50 AVE  
City-St-Zip: OKEECHOBEE, FL 34974

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

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

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

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

Title: D  
Name: BROWN, RUSS  
Address: 2136 NE 54 WAY  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: SHARON VINSON

TD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date