

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36340** (0)  
1. Corporation Name  
**ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.**



Principal Place of Business Mailing Address  
**300 NW 5TH ST., SUITE 318**  
**P.O. BOX 718**  
**OKEECHOBEE FL 34973**

3. Date Incorporated or Qualified **01/29/1990** 3a. Date of Last Report **03/23/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **65-0174688** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARSOCCHI, FRANK**  
**645 N.W. 106TH STREET**  
**OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent  
81 Name **JONES, RANDALL A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2107 HWY. 441 S.E.**  
83 **OKEECHOBEE**  
84 City **FL** 85 Zip Code **34974**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Randall A. Jones, (Chrmn.-Elect, D)** DATE **3/25/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALPOLE, EDWIN E., III</b>	
STREET ADDRESS	<b>289 N.W. 9TH ST.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MULLINS, JOE</b>	
STREET ADDRESS	<b>1792 SW 22ND TERRACE</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMSDEN, RICHARD</b>	
STREET ADDRESS	<b>6757 S.W. 13TH STREET</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSOCCHI, FRANK</b>	
STREET ADDRESS	<b>645 NW 106TH STREET</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, RANDALL A</b>	
STREET ADDRESS	<b>2107 HWY. 441 S.E.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ARRANTS, CHARLES B.</b>	
1.3 STREET ADDRESS	<b>4232 S.W. 16th Street</b>	
1.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL 34974</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WILLIAMSON, FRANK W., Jr.</b>	
6.3 STREET ADDRESS	<b>9200 N.E. 12th DRIVE</b>	
6.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL 34972</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Frank Williamson, CHAIRMAN** DATE: **3/25/96** (941) 467-0200

CR2E037 (12/95)