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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36340

1. Corporation Name

ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.

Principal Place of Business

300 NW 5TH ST., SUITE 318
P.O. BOX 718
OKEECHOBEE FL 34973

Mailing Address

300 NW 5TH ST., SUITE 318
P.O. BOX 718
OKEECHOBEE FL 34973



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/29/1990

4. FEI Number

65-0174688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2178 RESERVE PARK TRALE

83

84 City PORT ST. LUCIE

FL

85 Zip Code 34986

9. Name and Address of Current Registered Agent
JONES, RANDALL A
2107 HWY 441 SE
OKEECHOBEE FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME ARRANTS, CHARLES B
STREET ADDRESS 4232 SW 16TH STREET
CITY-ST-ZIP OKEECHOBEE FL

TITLE TD DELETE
NAME COWEN, JIM
STREET ADDRESS 2308 S. PARROTT AVE.
CITY-ST-ZIP OKEECHOBEE FL

TITLE CD DELETE
NAME AMSDEN, RICHARD
STREET ADDRESS 6757 S.W. 13TH STREET
CITY-ST-ZIP OKEECHOBEE FL

TITLE D DELETE
NAME CLEMONS, SUSAN
STREET ADDRESS P O BOX 1288 4853 NW 30TH ST
CITY-ST-ZIP OKEECHOBEE FL 34973-1288

TITLE D DELETE
NAME JONES, RANDALL A
STREET ADDRESS 2107 HWY. 441 S.E.
CITY-ST-ZIP OKEECHOBEE FL

TITLE SD DELETE
NAME BORDESHAW, JOHN E
STREET ADDRESS 505 NE 4TH ST
CITY-ST-ZIP OKEECHOBEE FL 34972

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD Change Addition
2.2 NAME ABNEY WES
2.3 STREET ADDRESS 113 N.W. 11th AVE.
2.4 CITY-ST-ZIP OKEECHOBEE FL 34973

3.1 TITLE CD Change Addition
3.2 NAME WALPOLE KEITH
3.3 STREET ADDRESS 269 N.W. 9th ST.
3.4 CITY-ST-ZIP OKEECHOBEE FL 34973

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME COWEN, JIM
5.3 STREET ADDRESS 2308 S. PARROTT AVE.
5.4 CITY-ST-ZIP OKEECHOBEE, FL. 34974

6.1 TITLE Change Addition
6.2 NAME BORDESHAW, JOHN E.
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Richard Amsden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

941-467-0200

Daytime Phone #

CR2E037 (1/98)