



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90015 022 \*\*\*\*61.25

<b>DOCUMENT # N36340</b>					
1. Entity Name ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.					
Principal Place of Business 575 S W 28TH STREET OKEECHOBEE, FL 34974		Mailing Address NW 9th Street P O BOX 718 OKEECHOBEE, FL 34972		<p style="text-align: center; font-size: 24pt;"><b>44011279</b></p>  <p>02042004 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0174688	Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VARNADORE, JOSEPH 311 W. S. PARK ST. OKEECHOBEE, FL 34972				Name <u>Dawn T. Hoover</u> Street Address (P.O. Box Number is Not Acceptable) <u>1949 SW 67th Drive</u> City <u>Okeechobee</u> FL Zip Code <u>34974</u>	
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 <u>Dawn T. Hoover</u>				DATE <u>2/17/2004</u>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMSON, SONNY		NAME		
STREET ADDRESS	1200 NE 12TH DR		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34973		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABNEY, WES		NAME	<u>D</u>	
STREET ADDRESS	113 NW 11TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34973		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALPOLE, KEITH		NAME		
STREET ADDRESS	269 NW 9TH ST		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34973		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLINS, JOE		NAME		
STREET ADDRESS	1409 S PARROTT AVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34973		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WORLEY, MARK JR		NAME	<u>CD Jeff Sumner</u>	
STREET ADDRESS	110 NW 5TH ST.		STREET ADDRESS	<u>393 SW 67th Drive</u>	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	<u>Okeechobee, FL 34974</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEMONS, SUSAN		NAME		
STREET ADDRESS	4853 NW 30TH ST		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
12. 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 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.					
SIGNATURE: <u>[Signature]</u>				DATE <u>02/17/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	