

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90008 031 \*\*\*\*61.25

<b>DOCUMENT # N36340</b>					
1. Entity Name ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.					
Principal Place of Business 1699 NW 9TH STREET OKEECHOBEE, FL 34972			Mailing Address P O BOX 718 OKEECHOBEE, FL 34972		
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 Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				01162006 Chg-NP CR2E037 (11/05) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOOVER, DAWN T 1949 SW 67TH DRIVE OKEECHOBEE, FL 34974				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARTIER, RICK		NAME	Tucker, Brandon	
STREET ADDRESS	403 SOUTH PARROTT AVENUE		STREET ADDRESS	104 NW 7th Avenue	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee FL 34972	
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 checked="" 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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMER, JEFF		NAME		
STREET ADDRESS	393 SW 67TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP		
TITLE	D	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			1/31/06 863-467-9090		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		