

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90045 043 \*\*\*\*61.25

DOCUMENT # **N36340**

1. Entity Name

**ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.**



Principal Place of Business

**575 S W 28TH STREET  
OKEECHOBEE FL 34974**

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

4. FEI Number **65-0174688**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARNAORE, JOSEPH  
311 W. S. PARK ST.  
OKEECHOBEE FL 34972**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, SONNY</b>	NAME	
STREET ADDRESS	<b>1200 NE 12TH DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34973</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<b>Chairman Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABNEY, WES</b>	NAME	<b>ABNEY, WES</b>
STREET ADDRESS	<b>113 NW 11TH AVE</b>	STREET ADDRESS	<b>113 N.W. 11th Ave</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34973</b>	CITY-ST-ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALPOLE, KEITH</b>	NAME	
STREET ADDRESS	<b>269 NW 9TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34973</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLINS, JOE</b>	NAME	
STREET ADDRESS	<b>1409 S PARROTT AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34973</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORLEY, MARK JR</b>	NAME	<b>Worley, Mark</b>
STREET ADDRESS	<b>110 NW 5TH ST.</b>	STREET ADDRESS	<b>110 N.W. 5th St</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>	CITY-ST-ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARTIER, RICK</b>	NAME	<b>Jean Clements</b>
STREET ADDRESS	<b>611 W. S. PARK ST.</b>	STREET ADDRESS	<b>4853 N.W. 30th St.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>	CITY-ST-ZIP	<b>Okeechobee, FL 34972</b>

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 reports 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 fee empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/22/03 863 467-0200

CR2E037 (10/02)