## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, -

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N38967

(8)

OKEECHOBEE CLASSIC RODDERS, INC.									
Principal Place of Business				Mailing Address					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
109-111 NW 7TH AVE OKEECHOBEE FL 34972 US				109-111 NW 7TH AVE OKEECHOBEE FL 34972 US					Date Incorporated or Qualified     07/02/1990     FEI Number
2. Principal Place of Business				[ 0 11 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					<b>65-0221739</b> Not Applicable
21		ness	2a. 26	<del></del>					5. Certificate of Status Desired Section Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State				City & State				-	7. Is this nonprofit corporation a homeowners association?
Zip	Zip Country		28	Zip Cou			ountry		Yes No  8. This corporation owes or has paid the current year intangible
24	25		29			<u> </u>			Personal Property Tax due June 30.  Yes No
	9. Name	and Address of Cu	irrent Regist	ered Agent		ļ.,			10. Name and Address of New Registered Agent
504.0	<b>**</b> ****					81	Name		
DON SP		BCIE W					Street	Addres	ss (P.O. Box Number is Not Acceptable)
2502 SW 22ND CIRCLE W OKEECHOBEE FL 34974									
						84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the endfice or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							e-named the corp	corpor	ration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered
SIGNATURE									
40	Signature, typed	or printed name of registere					nt signature	required	I when reinstating) DATE
12. TiTLE	PD	OFFICERS	AND DIREC	DELETE	13. 1.1 T			r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	DON SE	CAVO		Las Otterie		IAME			☐ Change ☐ Addition
STREET ADDRESS		V 22ND CIRCLE V	и				ADDRESS		
		HOBEE FL	,						
CITY-ST-ZIP TITLE	VPD	IODEC FL		☐ DELETE	2.1 T	HTY - \$1	1- <i>L</i> IP		☐ Change ☐ Addition
NAME	: -	none			2.1 ) 2.2 N				CT Oneilige CT Addition
STREET ADDRESS							ADDRESS		e <del>y</del>
OTTY-ST-ZIP		OPHITEMICALE				CITY-S			** *
TITLE	STD	TODEL ! L	<del> </del>	DELETE	3.1 T		1.21		☐ Change ☐ Addition
NAME	T	AURA J.			3.2 N	-			
STREET ADDRESS	A 4 4 4 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						ADDRESS		į
CITY-ST-ZIP		IOBEE FL				CITY-S			
TITLE				☐ DELETE	4.1 Ti				☐ Change ☐ Addition
NAME					4.2 N	AME			7// - 7
STREET ADDRESS					4.3 \$	TREET A	ADDRESS		4h 5/1_)
CITY-ST-ZIP					4.4 C	ITY-ST	- ZIP		10 717
TITLE				DELETE	5.1 TI				Change Addition
NAME					5.2 N	AME			
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CITY-ST-ZIP					5.4 CI	ITY-ST	-ZIP		
TITLE				☐ DELETE	6,1 11	TLE			☐ Change ☐ Addition
NAME					6.2 N/	AME			
STREET ADDRESS					6.3 S1	TREET A	ADDRESS	11	
CITY-ST-ZIP					6.4 CI	TY-ST	- ZIP	#	BANK

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.

**FILED** 

Mar 17 1998 8:00am

Secretary of State