

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50795

(6)

1. Corporation Name

OKEECHOBEE LIONS CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 89
OKEECHOBEE FL 34972
US

P O BOX 89
OKEECHOBEE FL 34973
US

3. Date Incorporated or Qualified
09/09/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0366516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCANN, MICHAEL T
2253 SW 3RD COURT
OKEECHOBEE FL 34974**

81 Name

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

83

84 City

FL

85 Zip Code

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILES, GARY	
STREET ADDRESS	274 SW 15TH AVE	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HORRICK, HARRY	
STREET ADDRESS	2201 SW 28TH ST 72	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHIPPLE, RANDY	
STREET ADDRESS	560 NW 23RD LANE	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRINDSTAFF, MARK	
STREET ADDRESS	420 EAST N PARK ST	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Whipple, Randy	
1.3 STREET ADDRESS	560 N.W. 23rd Lane	
1.4 CITY - ST - ZIP	Okeechobee, FL 34972	
2.1 TITLE	Treasurer Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Horrick, Harry	
2.3 STREET ADDRESS	2201 S.W. 28th Street 72	
2.4 CITY - ST - ZIP	Okeechobee, FL 34974	
3.1 TITLE	Vice President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Seitz	
3.3 STREET ADDRESS	3111 S.E. 39th Avenue	
3.4 CITY - ST - ZIP	Okeechobee, FL 34974	
4.1 TITLE	Vice President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wilson, John	
4.3 STREET ADDRESS	2286 S.W. 2nd Court	
4.4 CITY - ST - ZIP	Okeechobee, FL 34974	
5.1 TITLE	Secretary Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McCann, Michael T.	
5.3 STREET ADDRESS	2253 S.W. 3rd Court	
5.4 CITY - ST - ZIP	Okeechobee, FL 34974	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

Michael T. McCann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/96

941/357-4202

Date:

Daytime Phone #

CR2E037 (12/95)