

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50795** (6)

1. Corporation Name  
**OKEECHOBEE LIONS CLUB, INC.**



Principal Place of Business <b>P O BOX 89 OKEECHOBEE FL 34972 US</b>	Mailing Address <b>P O BOX 89 OKEECHOBEE FL 34973-0089 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>09/09/1992</b>	3a. Date of Last Report <b>03/18/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0366516</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCANN, MICHAEL T 2253 SW 3RD COURT OKEECHOBEE FL 34974</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIPPLE, RANDY</b>	1.2 NAME	
STREET ADDRESS	<b>560 N.W. 23RD LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HORRICK, HARRY</b>	2.2 NAME	
STREET ADDRESS	<b>2201 SW 28TH ST 72</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM, SEITZ</b>	3.2 NAME	<b>JOHN H PFENNING</b>
STREET ADDRESS	<b>3111 SE 39TH AVE</b>	3.3 STREET ADDRESS	<b>9251 HWY 70 N 55 #59</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	3.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILSON, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>2288 SW 2ND COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	4.4 CITY-ST-ZIP	<b>34974</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCANN, MICHAEL T</b>	5.2 NAME	
STREET ADDRESS	<b>2253 SW 3RD COURT</b>	5.3 STREET ADDRESS	<b>118 SKYLINE CIRCLE</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	5.4 CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **777-5843**

CR2E037 (9/96)