


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90216 030 \*\*\*\*70.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N50795</b><br>1. Entity Name<br><b>OKEECHOBEE LIONS CLUB, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>P O BOX 89<br/>OKEECHOBEE, FL 34973 US</b>   |  |  | Mailing Address<br><b>P O BOX 89<br/>OKEECHOBEE, FL 34973 US</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>65-0366516</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CLARK, WAYNE W<br/>1574 SW 18TH TERRACE<br/>OKEECHOBEE, FL 34974</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>CLARK, WAYNE W.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1574 SW 18<sup>th</sup> TERRACE</b><br>City <b>OKEECHOBEE</b> FL Zip Code <b>34974</b> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WAYNE, CLARK<br>1574 SW 18TH TERRACE<br>OKEECHOBEE, FL 34974   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>WAYNE CLARK<br>1574 SW 18TH TERRACE<br>OKEECHOBEE, FL 34974                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SUMNER, ELDER<br>P.O. BOX 566<br>OKEECHOBEE, FL 34973           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>ELDER SUMNER<br>POBOX 566<br>OKEECHOBEE, FL 34973                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>BARNHART, JAMES<br>2207 SW 37TH AVENUE<br>OKEECHOBEE, FL 34974  | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>GEORGE S STRIPLING<br>1000 SW 4TH AVENUE<br>OKEECHOBEE FL 34974              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MILES, GARY<br>274 SE 15TH AVE<br>OKEECHOBEE, FL 34974          | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>ROSE MARY BASS<br>1003 SW 5TH AVENUE<br>OKEECHOBEE, FL 34974                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BENNETT, ALLEN<br>14626 NW 34TH TERRACE<br>OKEECHOBEE, FL 34972 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>JAMES BARNHART<br>2207 SW 37TH AVENUE<br>OKEECHOBEE, FL 34974                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BASS, LAVON<br>P O BOX 428<br>OKEECHOBEE, FL 34973              | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LAVON BASS<br>PO BOX 428<br>OKEECHOBEE, FL 34973                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |  |   |   |  |
| <b>SIGNATURE: <u>Rose Mary Bass, ROSE MARY BASS</u> 4-25-06 863-357-6288</b>   |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |  |   |   |  |