


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51389** (7)  
1. Corporation Name  
**WORD OF LIFE FELLOWSHIP OF OKEECHOBEE, INC.**



Principal Place of Business <b>WORD OF LIFE FELLOWSHIP 212 S.W. 7TH AVE OKEECHOBEE FL 34974 US</b>	Mailing Address <b>WORD OF LIFE FELLOWSHIP P.O. BOX 904 OKEECHOBEE FL 34973-904 US</b>
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2. Principal Place of Business 21 <b>2671 Hwy 70 W</b> Suite, Apt. #, etc. 22 <b>OKEECHOBEE</b> City & State 23 <b>FLORIDA</b> Zip 24 <b>34972</b>	2a. Mailing Address 26 <b>WORD OF LIFE FELLOWSHIP</b> Suite, Apt. #, etc. 27 <b>OKEECHOBEE</b> City & State 28 <b>FL</b> Zip 29 <b>34972</b>
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3. Date Incorporated or Qualified <b>10/20/1992</b>	4. FEI Number <b>65-0393182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>COOK, JOHN R. 202 NW 5TH AVE. OKEECHOBEE FL 34972</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKALSON, WILLIAM E</b>	1.2 NAME	
STREET ADDRESS	<b>3824 NW 18TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPEAK, DENVER</b>	2.2 NAME	
STREET ADDRESS	<b>7355 NE 7TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKALSON, REBECCA J</b>	3.2 NAME	
STREET ADDRESS	<b>3824 NW 18TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATFORD, RICHARD A.</b>	4.2 NAME	
STREET ADDRESS	<b>565 SE 80TH AVE</b>	4.3 STREET ADDRESS	<b>CINDY HILL</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	4.4 CITY-ST-ZIP	<b>2125 S.E. 40TH AVE.</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULL, LINDA D</b>	5.2 NAME	
STREET ADDRESS	<b>3846 NW 18TH ST</b>	5.3 STREET ADDRESS	<b>STEVE HILL</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	5.4 CITY-ST-ZIP	<b>2125 S.E. 40TH AVE.</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 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: **William E Nickelson** (941) 357-3570

CR2E037 (10/97)