


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State


03-17-2005 90015 032 ****70.00

DOCUMENT # N92000000105	
1. Entity Name OKEECHOBEE HISTORICAL SOCIETY, INC.	

Principal Place of Business 9200 NE 12 DR OKEECHOBEE FL 34972 US	Mailing Address 9200 NE 12 DR OKEECHOBEE FL 34972 US
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2. Principal Place of Business 1850 Hwy 98 North Suite, Apt. #, etc.	3. Mailing Address P. O. Box 973 Suite, Apt. #, etc.
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City & State Okeechobee, Florida	City & State Okeechobee, Florida
Zip 34972	Country USA
Zip 34973	Country USA

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 65-0368014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMSON, BETTY C 9200 NE 12 DR OKEECHOBEE FL 34972	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP	NAME WILLIAMSON, BETTY C STREET ADDRESS 9200 N.E. 12TH DR. CITY-ST-ZIP OKEECHOBEE FL 34972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME GODWIN, PEARL STREET ADDRESS 1003 SW 14TH ST CITY-ST-ZIP OKEECHOBEE FL 34974	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME MORTON, SUSANNE STREET ADDRESS 2033 HIGHWAY 98 NORTH CITY-ST-ZIP OKEECHOBEE FL 34972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CS	NAME DIXON, MARY FRANCES STREET ADDRESS PO BOX 154 CITY-ST-ZIP OKEECHOBEE FL 34973	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE I	NAME SILLS, SONDRRA STREET ADDRESS 700 SW 5TH AVE CITY-ST-ZIP OKEECHOBEE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME OSTEEN, ANNA J STREET ADDRESS 5 LINDA RD BHR CITY-ST-ZIP OKEECHOBEE FL 34974	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: Betty C. Williamson **3/7/05** **863-763-3850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #