

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90055 040 ****61.25

DOCUMENT # N92000000105

1. Entity Name
OKEECHOBEE HISTORICAL SOCIETY, INC.



Principal Place of Business
1850 HWY 98 N
OKEECHOBEE, FL 34972 US

Mailing Address
PO BOX 973
OKEECHOBEE, FL 34973 US

40063000



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0368014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, BETTY C
9200 NE 12 DR
OKEECHOBEE, FL 34972

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

Filing Fee is \$61.25 ☒
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WILLIAMSON, BETTY C
9200 N.E. 12TH DR.
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GODWIN, PEARL
1003 SW 14TH ST
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORTON, SUSANNE
2033 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
DIXON, MARY FRANCES
PO BOX 154
OKEECHOBEE, FL 34973

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SILLS, SONDR
700 SW 5TH AVE
OKEECHOBEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSTEEN, ANNA J
5 LINDA RD BHR
OKEECHOBEE, FL 34974

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Betty C. Williamson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 863-763-3850
Date Distinct Phone #

BETTY C. WILLIAMSON, PRESIDENT