

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**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**



02042008 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000937938  
05/27/08-80071-012 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WILLIAMSON, BETTY C
STREET ADDRESS	9200 N.E. 12TH DR.
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VD
NAME	GODWIN, PEARL
STREET ADDRESS	1003 SW 14TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	S
NAME	MORTON, SUSANNE
STREET ADDRESS	2033 HIGHWAY 98 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	CS
NAME	DIXON, MARY FRANCES
STREET ADDRESS	PO BOX 154
CITY-ST-ZIP	OKEECHOBEE, FL 34973
TITLE	T
NAME	SILLS, SONDR
STREET ADDRESS	700 SW 5TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	OSTEEN, ANNA J
STREET ADDRESS	5 LINDA RD BHR
CITY-ST-ZIP	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*  
**BETTY C. WILLIAMSON, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/28/08**

Daytime Phone #

**863-763-3850**