2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# N92000000105

Entity Name: OKEECHOBEE HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

1850 HWY 98 N
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 973
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0368014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WILLIAMSON, BETTY C
Address: 9200 N.E. 12TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD ( ) Delete
Name: GODWIN, PEARL
Address: 1003 SW 14TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: S ( ) Delete
Name: MORTON, SUSANNE
Address: 2033 HIGHWAY 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: CS ( ) Delete
Name: DIXON, MARY FRANCES
Address: PO BOX 154
City-St-Zip: OKEECHOBEE, FL 34973

Title: T ( ) Delete
Name: SILLS, SONDRA
Address: 700 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete
Name: OSTEEN, ANNA J
Address: 5 LINDA RD BHR
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY WILLIAMSON DP 07/14/2009
Electronic Signature of Signing Officer or Director — Date