

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000105

FILED  
Apr 26, 2010  
Secretary of State

**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 ( )**

**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  
Name: WILLIAMSON, BETTY C  
Address: 9200 N.E. 12TH DR.  
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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

Title: T  
Name: SILLS, SONDRRA  
Address: 700 SW 5TH AVE  
City-St-Zip: OKEECHOBEE, FL

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

I hereby 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 all other like empowered.

SIGNATURE: BETTY WILLIAMSON

DP

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date