

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000440

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: FRIENDS OF OKEEHEELEE NATURE CENTER, INC.

## Current Principal Place of Business:

FRIENDS OF OKEEHEELEE NATURE CENTER  
7715 FOREST HILL BLVD  
WEST PALM BCH, FL 33413 US

## New Principal Place of Business:

## Current Mailing Address:

FRIENDS OF OKEEHEELEE NATURE CENTER  
7715 FOREST HILL BLVD  
WEST PALM BCH, FL 33413 US

## New Mailing Address:

FEI Number: 65-0373841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIPPEL, BARBARA  
3117 HOYLAKES ROAD  
LAKE WORTH, FL 33467 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: P ( ) Delete  
Name: FRIESS, CORY  
Address: 103 SUNSHINE BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP ( ) Delete  
Name: PLISCOW, STEVE  
Address: 1549 WILTSHIRE VILLAGE DR.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: S ( ) Delete  
Name: BOWEN, VIRGINIA  
Address: 784 CARISSA DR.  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: T ( ) Delete  
Name: SIPPEL, BARBARA  
Address: 3117 HOYLAKES ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MAL ( ) Delete  
Name: KARWELL, ESTELLE  
Address: 306 D2 PINE RIDGE CR.  
City-St-Zip: GREENACRES, FL 33463 US

Title: MAL ( ) Delete  
Name: VALDES, CASSIE  
Address: 1811 SHADOW CREEK RD.  
City-St-Zip: GREENACRES, FL 33413 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PLISCOW, STEVE  
Address: 1549 WILTSHIRE VILLAGE DR  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP (X) Change ( ) Addition  
Name: BENNETT, ASHLEY  
Address: 2409 NOKOMIS  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S (X) Change ( ) Addition  
Name: VALDES, CASSIE  
Address: 1811 SHADOW CREEK RD  
City-St-Zip: GREENACRES, FL 33413 US

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

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

Title: MAL (X) Change ( ) Addition  
Name: TIGHE, ELEANOR  
Address: 614 LACONIA CR  
City-St-Zip: LAKE WORTH, FL 33467 US

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: BARBARA SIPPEL

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date