

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2010
Secretary of State

Entity Name: FRIENDS OF OKEEHHEELER NATURE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

FRIENDS OF OKEEHHEELER 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
Name: PLISCOW, STEVE
Address: 1549 WILTSHIRE VILLAGE DR
City-St-Zip: WELLINGTON, FL 33414 US

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

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

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

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

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

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: BARBARA SIPPEL

TREA

01/07/2010

Electronic Signature of Signing Officer or Director

_____ Date