

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003148 (4)

1. Corporation Name

PLAYGROUND PALS OF OKEECHOBEE, INC.



Principal Place of Business

**1005 SW 13 ST
OKEECHOBEE FL 34974**

Mailing Address

**1005 SW 13 ST
OKEECHOBEE FL 34974**

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0419422

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEAL, ROBERT E
1005 SW 13 ST
OKEECHOBEE FL 34974**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **NEAL, ROBERT E**
STREET ADDRESS **1005 SW 13 ST**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **T** ☐ DELETE
NAME **NEAL, JOANNE**
STREET ADDRESS **1005 SW 13 ST**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **T** ☐ DELETE
NAME **DUKE, KAY**
STREET ADDRESS **10130 SE 126 BLVD**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **T** ☐ DELETE
NAME **MEARS, C W**
STREET ADDRESS **2622 SE 47 TERR**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **TT** ☐ DELETE
NAME **DEWITT, ANITA**
STREET ADDRESS **3728 SW 13 TERR**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **T** ☐ DELETE
NAME **BERMEA, CANDICE**
STREET ADDRESS **622 NW 29 TERR**
CITY - ST - ZIP **OKEECHOBEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R Neal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Neal-President

4-22-96

Date

941-462-2773

Daytime Phone #

CR2E037 (12/95)