## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N93000003148	(4
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PLAYGROUND PALS OF OKEECHOBEE, INC.

## **FILED** Jul 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				E AMBERADI DIN LOIRE LIALE DEGLE ODISE	MOTITI MOTEL DOTOD (110: 1181: NIMAL DINAT INTERCEDE	
1005 SW 13 S OKEECHOBEE		1005 SW 13 ST OKEECHOBEE FL 3497	4-4947			
					3. Date Incorporated or Qualified 07/06/1993	3a. Date of Last Report 04/26/1996
2. Principal P	lace of Business	2a. Mailing Address	·····		4. FEI Number	Applied For
21		26			65-0419422	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	<del>0</del>	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30			Yes No
<del></del>	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	glstered Agent
			Į,	B1 Name		
NEAL, ROBERT E 1005 SW 13 ST			Ī	Street Add	ress (P.O. Box Number is Not Acceptab	le)
	HOBEE FL 34974		]	83		
	<b>1</b> ., .		Ī	B4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	tutes, the ab	ove-named corp	poration submits this statement for the p	urnose 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	Robert & Me	20 5-	1-9	7 6	obert E. Neal	<i></i>
12.	Signature, typed or printed name of registered a	gent and title if applicable. (N ND DIRECTORS	OTE: Registered	Agent signature requi	(red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TIT	E I	ABBITION QUITALIBED TO OFFICE	☐ Change ☐ Addition
NAME	NEAL, ROBERT E	_	1,2 NA	ı		
STREET ADDRESS	1005 SW 13 ST			EET ADDRESS		[
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CIT	Y-ST-ZIP		
TITLE	Ť	DELETE	2.1 TITI			☐ Change ☐ Addition <
NAME	NEAL, JOANNE		2.2 NAI	ME S		
STREET ADDRESS	1005 SW 13 ST		2.3 \$18	EET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		2. 4 CIT	Y-ST-ZIP		
TITLE	Ţ	☐ DELETE	3.1 1(1)	.E		Change Addition
NAME	DUKE, KAY		3.2 NAI	NE		
STREET ADDRESS	10130 SE 126 BLVD		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		3.4. CIT	Y-ST-ZIP		
TITLE	T	☐ DELETE	4.1 1110	.E		Change Addition
NAME	MEARS, C W		4. 2 NA	ME		
STREET ADDRESS	2622 SE 47 TERR		4.3 STF	EET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL			Y-ST-ZIP		
TITLE	11	☐ DELETE	5.1 TITI			Change Addition
NAME	DEWITT, ANITA		5.2 NA	ME		
STREET ADDRESS	3728 SW 13 TERR		5.3 STF	EET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL			Y-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME	BERMEA, CANDICE		6.2 NA	NE		
STREET ADDRESS	622 NW 29 TERR		6.3 STP	EET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		6.4 CIT	Y-ST-ZIP		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of changed, or on an attachment with an address.