


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90054 002 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000003148</b>					
1. Corporation Name <b>PLAYGROUND PALS OF OKEECHOBEE, INC.</b>					
Principal Place of Business 1005 SW 13 ST OKEECHOBEE FL 34974			Mailing Address 1005 SW 13 ST OKEECHOBEE FL 34974		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/06/1993	
22 City & State		27 City & State		4. FEI Number 65-0419422	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	NEAL, ROBERT E				
STREET ADDRESS	1005 SW 13 ST				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	NEAL, JOANNE				
STREET ADDRESS	1005 SW 13 ST				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	DUKE, KAY				
STREET ADDRESS	10130 SE 126 BLVD				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MEARS, C W				
STREET ADDRESS	2622 SE 47 TERR				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	TT	<input type="checkbox"/> DELETE			
NAME	DEWITT, ANITA				
STREET ADDRESS	3728 SW 13 TERR				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	T	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E Neal 3/10/99 941-467-2773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #