

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000735 (0)

1. Corporation Name

OKEECHOBEE & OSCEOLA CENTERS RESIDENT COUNCIL, I
NC.

Principal Place of Business

1561 NW 12TH STREET
BELLE GLADE FL 33430

Mailing Address

1561 NW 12TH STREET
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

2/7/94

4. FEI Number

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 56 Roosevelt St.

2a. Mailing Address

26 56 Roosevelt St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Belle Glade FL

City & State

28 Belle Glade

Zip

24 33430

Country

25 USA

Zip

29 33430

Country

30 USA

9. Name and Address of Current Registered Agent

WHITE, PATTY
1561 NW 12TH ST.
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name

Albert A. Peterson

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

56 Roosevelt St.

83

Belle Glade

84 City

Belle Glade

FL

85 Zip Code

33430

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Albert A. Peterson

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

(NOTE: Registered Agent signature required when resigning)

4/26/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PETERSON, ALBERT
49 ROOSEVELT ST.
BELLE GLADE FL 33430

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WHITE, PATTY
1561 NW 12TH ST.
BELLE GLADE FL 33430

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JACOBS, GLORIA
18 EVERGLADES ST.
BELLE GLADE FL 33430

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DAVIS, MARY
47 DAVIS TERRACE
BELLE GLADE FL 33430

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JACKSON, CHARLIE
47 DAVIS TERRACE
BELLE GLADE FL 33430

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JACKSON, CHARLIE
49 DAVIS TERRACE
BELLE GLADE FL 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

Resigning Secretary
OIA D. Smith
21 Davis Drive
Belle Glade, FL 33430

REMITTED BY MAY 2
Deposited by Bank

5/1/95

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 110.07(3)(b), 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: Albert A. Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 996-0693