

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000735 (0)

1. Corporation Name

**OKEECHOBEE & OSCEOLA CENTERS RESIDENT COUNCIL, I
NC.**



Principal Place of Business

**56 ROOSEVELT ST.
BELLE GLADE FL 33430
US**

Mailing Address

**56 ROOSEVELT ST.
BELLE GLADE FL 33430
US**

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **56 Roosevelt St**

26 **56 Roosevelt St**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 City & State
Belle Glade FLA

28 City & State
Belle Glade FLA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 Zip
33430

25 Country
Palm Beach

29 Zip
33430

30 Country
Palm Beach

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

**PETERSON, ALBERT A
56 ROOSEVELT ST.
BELLE GLADE FL 33430**

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

Albert Peterson

4/25/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PETERSON, ALBERT**
STREET ADDRESS **49 ROOSEVELT ST.**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **WHITE, PATTY**
STREET ADDRESS **1561 NW 12TH ST.**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **JACOBS, GLORIA**
STREET ADDRESS **16 EVERGLADES ST.**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **DAVIS, MARY**
STREET ADDRESS **47 DAVIS TERRACE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **SMITH, OLA D**
STREET ADDRESS **21 DAVIS DRIVE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **JACKSON, CHARLIE**
STREET ADDRESS **49 DAVIS TERRACE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Albert Peterson

4/25/96

996-0693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)