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FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33430-6110
US

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 6 Everglades Street

Suite, Apt. #, etc.

22

City & State

23 Belle Glade, FL.

Zip

24 33430

Country

25 PB

2a. Mailing Address

26 56 Roosevelt Street

Suite, Apt. #, etc.

27

City & State

28 Belle Glade, FL.

Zip

29 33430

Country

30 PB

4. FEI Number

NOT APPLICABLE

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

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

81 Name

Mary Lee Davis

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

83

87 Davis Street

84 City

Belle Glade

FL

85 Zip Code

33430

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

Mary Lee Davis - Vice President

5-1-97

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D Sarah CDSS
1.3 STREET ADDRESS 19 Davis Drive
1.4 CITY-ST-ZIP Belle Glade, FL. 33430

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D Lela Gray
2.3 STREET ADDRESS 21 Carver Street
2.4 CITY-ST-ZIP Belle Glade, FL. 33430

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

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

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

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

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

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

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

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 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.

SIGNATURE:

Mary Lee Davis

5-1-97

561-992-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041987

CR2E037 (9/96)