


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 040 ****70.00

DOCUMENT # N94000005229 1. Entity Name LAKE OKEECHOBEE RURAL HEALTH NETWORK, INC.					
Principal Place of Business 185 US HWY 27 S. S. BAY, FL 33493 US			Mailing Address P.O. BOX 881 S. BAY, FL 33493 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLEIN, RONALD J SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D BROWN, EDWIN <input checked="" type="checkbox"/> Delete		TITLE	S Hill, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, EDWIN		NAME	Hill, Michael	
STREET ADDRESS	4450 S. TIFFANY DRIVE		STREET ADDRESS	Okeechobee, FL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	Okeechobee, FL	
TITLE	T LOBBAN-MARSAN, JACQUELINE <input type="checkbox"/> Delete		TITLE	D Leeds, Marilyn <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOBBAN-MARSAN, JACQUELINE		NAME	Leeds, Marilyn	
STREET ADDRESS	38750 STATE RD. 80		STREET ADDRESS	185 US Highway 275.	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	South Bay, FL 33493	
TITLE	P AMATO, JOSEPH <input type="checkbox"/> Delete		TITLE	D Amato, Joseph <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMATO, JOSEPH		NAME	Amato, Joseph	
STREET ADDRESS	408 E. DR. MARTIN LUTHER KING BLVD.		STREET ADDRESS	408 E. Dr. Martin Luther King Blvd.	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	V VALIANT, MARTHA <input type="checkbox"/> Delete		TITLE	- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALIANT, MARTHA		NAME		
STREET ADDRESS	1100 S OLYPIA STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP		
TITLE	D FERGUSON, MAUREEN <input checked="" type="checkbox"/> Delete		TITLE	- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, MAUREEN		NAME		
STREET ADDRESS	185 US HWY 27 S		STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY, FL 33493		CITY-ST-ZIP		
TITLE	S CHAMBLEE, SANDRA <input type="checkbox"/> Delete		TITLE	P Chamblee, Sandra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBLEE, SANDRA		NAME	Chamblee, Sandra	
STREET ADDRESS	136 S. MAIN STREET		STREET ADDRESS	136 S. Main Street	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	Belle Glade, FL 33430	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marilyn Leeds</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-7-05 Daytime Phone # 561-993-1269		