

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000000191 (5)

1. Corporation Name

OKEECHOBEE CORRECTIONAL LEASING CORPORATION

Principal Place of Business

207 N.W. 2ND ST.  
OKEECHOBEE FL 34972

Mailing Address

207 N.W. 2ND ST.  
OKEECHOBEE FL 34972

FILED

May 01, 1996 08:00 AM

Secretary of State



3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CONELY, TOM W III  
207 N.W. 2ND ST.  
OKEECHOBEE FL 34972

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME COLEMAN, RICHARD D  
STREET ADDRESS 205 N. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☐ DELETE  
NAME SYFRETT, CHARLES R  
STREET ADDRESS 501 S.W. 28 TERR  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ DELETE  
NAME MULLINS, JOE  
STREET ADDRESS 1409 S. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ DELETE  
NAME HAZELLIEF, OUIILLIE JOE JR.  
STREET ADDRESS 1539 S.E. 40 AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ DELETE  
NAME CLOSE, THOMAS L  
STREET ADDRESS 405 N.W. 3RD AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(941) 763-5586

CR2E037 (12/95)