

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 # N95000000736 (7)
1. Corporation Name

EAA CHAPTER 1102 OF OKEECHOBEE, INC.



Principal Place of Business: 19715 N.W. 80TH DRIVE OKEECHOBEE FL 34972
Mailing Address: 19715 N.W. 80TH DRIVE OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: 02/14/1995
3a. Date of Last Report: N/A

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)
2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: 65-0647590 (24)
Applied For: Applied For Not Applicable

City & State (23) Zip (24) Country (25)
City & State (27) Zip (28) Country (29)

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

9. Name and Address of Current Registered Agent: BRUGMAN, LOUIS 19715 N.W. 80TH DRIVE OKEECHOBEE FL 34972

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: BRUGMAN, LOUIS 19715 N.W. 80TH DRIVE OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGMAN, LOUIS	1.2 NAME	
STREET ADDRESS	19715 N.W. 80TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GEORGE M	2.2 NAME	
STREET ADDRESS	19385 N.W. 80TH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, JOHN R	3.2 NAME	
STREET ADDRESS	19915 N.W. 80TH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John R Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Daytime Phone #

CR2E037 (12/95)