# **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

### N95000000736 (7) DOCUMENT #

## EAA CHAPTER 1102 OF OKEECHOBEE, INC.

# **FILED** Mar 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						: WELL BOILE	#141 WW()) 1 <b>0</b> 0	TRA FILLA ASII 1801
19715 N.W. BO OKEECHOBEE	19715 N.W. BOTH DRIVE OKEECHOBEE FL 34972-							
					3. Date Incorporated or Qualified 02/14/1995	3a. Da	04/11/	Report 1996
Principal Place of Business     The state of Business     The state of Business		2e. Mailing Address 26		4. FEI Number 65-0647590	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	25 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Ro	egistered .	Agent	
				81 Name				
BRUGMAN, LOUIS 19715 N.W. 80TH DRIVE				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
OKEECI	HOBEE FL 34972			83				
				84 City		FL	85 Zi	p Code
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 617.1508, Florida Statu of Florida. Such change was	ites, the at	ove-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of pt the app	changing olntment	lts registered as registered
SIGNATURE	am rammar wiini, and accept the oblig	ations or, Section 617.0503, F	iorida Siai	ules.				
	Signature, typed or printed name of registered age			Agent signature requ	uired when reinstating)	DATE		
12. TITLE	OFFICERS AN	D DIRECTORS  DELETE	13.	a.r.	ADDITIONS/CHANGES TO OFFI	CERS AND		
NAME	BRUGMAN, LOUIS	C. Detere	1.0 NA				Change	e Addition
STREET ADDRESS	19715 N.W. 80TH DR.			REET ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL 34972			IY-ST-ZIP				
TITLE	DV	DELETE	2.1 10				☐ Change	e Addition
NAME	MARTIN, GEORGE M		2.2 NA	ME			_	
STREET ADDRESS	19385 N.W. 80TH DRIVE		2.3 ST	REET ADDRESS		**		
CITY-ST-ZIP	OKEECHOBEE FL 34972		2. 4 C	TY-ST-ZIP				
TITLE	DST	☐ DELETE	3.1 111	LE			Change	8 Addition
NAME	POTTS, JOHN R		3.2 NA	ME				
STREET ADDRESS	19915 N.W. 80TH DRIVE		3.3 \$1	reet address				
CITY-ST-ZIP	OKEECHOBEE FL 34972			TY-ST-ZIP			-	······
TATLE		☐ DELETE	4.1 717				☐ Change	e Addition
NAME			4. 2 N	•				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE		Y-ST-ZIP			10	4.4391
TITLE		LJ UELETE	5.1 TIT				☐ Change	e
NAME PTOSET ADDOCCO			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE	4,17,18 4 d d d d d d d d d d d d d d d d d d	DELETE	5.4 CI	Y-ST-ZIP			Change	e
NAME		L.J OCICIL					Criange	יים אים אים א
STREET ADDRESS			6.2 NA					
CITY-ST-ZIP				REET ADDRESS				
PILL 21-71.			5.4 CI	Y-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 dorporation or the receive) 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 op an attachagent with an address.

SIGNATURE: