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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000736

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



2. Principal Place of Business

21 **19455 NW 80TH DR**
Suite, Apt. #, etc.

2a. Mailing Address

26 **19455 NW 80TH DR.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

65-0647590

Applied For
No: 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

City & State

23 **OKEECHOBEE, FL**

City & State

28 **OKEECHOBEE, FL**

Zip

24 **34972**

Country

25 **OKEECHOBEE**

Zip

29 **34972**

Country

30 **OKEECHOBEE**

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 **DON MCGREGOR**
82 Street Address (P.O. Box Number is Not Acceptable)
19455 NW 80TH DR.
83
84 City **OKEECHOBEE** FL 85 Zip Code **34972**

11. Pursuant to the provisions of Sections 617.0503 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP BRUGMAN, LOUIS**
STREET ADDRESS **19715 N.W. 80TH DR.**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ DELETE
NAME **DV MARTIN, GEORGE M**
STREET ADDRESS **19385 N.W. 80TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ DELETE
NAME **DST POTTS, JOHN R**
STREET ADDRESS **19915 N.W. 80TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **GEORGE WILLIAMS**
1.3 STREET ADDRESS **19535 N.W. 80TH DR**
1.4 CITY-ST-ZIP **OKEECHOBEE, FL 34972**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **JAN BUSSELL**
2.3 STREET ADDRESS **19975 NW 80TH DR.**
2.4 CITY-ST-ZIP **OKEECHOBEE, FL 34972**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **PEGGY HALL**
3.3 STREET ADDRESS **19815 NW 80TH DR.**
3.4 CITY-ST-ZIP **OKEECHOBEE, FL 34972**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **DON MCGREGOR**
4.3 STREET ADDRESS **19455 NW 80TH DR.**
4.4 CITY-ST-ZIP **OKEECHOBEE, FL 34972**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)