

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000001182

1. Entity Name  
CENTRAL CHURCH OF CHRIST OF OKEECHOBEE, INC.



Principal Place of Business  
506 NE 6TH AVE OKEE FL  
OKEECHOBEE, FL 34972

Mailing Address  
6302 NW 24TH ST OKEE FL  
OKEECHOBEE, FL 34972

2. Principal Place of Business

3. Mailing Address

4425 S. US 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT # 71

City & State

City & State

OKEECHOBEE

Zip

Country

Zip

Country

34974

OKEECHOBEE

6. Name and Address of Current Registered Agent

NICHOLAS, GORDON C  
6302 NW 24TH ST  
OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent

Name RAY R STILWELL

Street Address (P.O. Box Number is Not Acceptable)

4425 S. US 441 LOT # 71

City OKEECHOBEE

FL

Zip Code 34974

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 Ray R Stilwell (SECRETARY/DIRECTOR) 01-01-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, GORDON	
STREET ADDRESS	6302 NW 24TH ST	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILWELL, RAY R	
STREET ADDRESS	4425 S US 441 LOT 71	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, RALPH E SR.	
STREET ADDRESS	7650 HIGHWAY 78 WEST	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD PURCELL	
STREET ADDRESS	6614 SE 54th STREET	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ray R Stilwell 01-01-06 1-863-763-4514  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

FILED  
06 JAN 12 PM 3:32



11142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0672489

Applied For  
Not Applicable

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