

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002202 (8)**

1. Corporation Name

**MEMBERS COUNCIL OF OKEECHOBEE COUNTY, INC.**



Principal Place of Business

Mailing Address

**209 N.W. 11TH AVE.  
OKEECHOBEE FL 34972**

**P.O. BOX 1501  
OKEECHOBEE FL 34973-1501**

3. Date Incorporated or Qualified  
**05/03/1995**

3a. Date of Last Report  
**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **Okeechobee, FL 34973**

4. FEI Number  
**65-0508353**

Applied For  
Not Applicable

**22** City & State

**27** City & State

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

**23** Zip

Country

**28** Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**24** Zip

Country

**29** Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, EDWIN J  
209 N.W. 11TH AVE.  
OKEECHOBEE FL 34972**

**81** Name  
**HILL, EDWIN J.**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**209 NW 11TH AVE**  
**83** **OKEECHOBEE,**  
**84** City  
**FL** **85** **34972**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLIN, ART	
STREET ADDRESS	P.O. BOX 332 N/A	
CITY-ST-ZIP	OKEECHOBEE FL 34973-0332	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, EDWIN J	
STREET ADDRESS	209 N.W. 11TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	VILLARS, MARILYN	
STREET ADDRESS	13050 N.E. 26TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILL, ED	
1.3 STREET ADDRESS	209 NW 11th Ave	
1.4 CITY-ST-ZIP	Okeechobee, FL 34972	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FENNELL, DANIEL F.	
2.3 STREET ADDRESS	2270 SE 24th Blvd	
2.4 CITY-ST-ZIP	Okeechobee, FL 34974	
3.1 TITLE	2ndVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BILL STEG'KEMPER	
3.3 STREET ADDRESS	1812 NE 50th Ct	
3.4 CITY-ST-ZIP	Okeechobee, FL 34972	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PHYLLIS LEA FENNELL	
4.3 STREET ADDRESS	2270 SE 24th Blvd	
4.4 CITY-ST-ZIP	Okeechobee, FL 34974	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: **DANIEL F. FENNELL**  
**DANIEL F. FENNELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 941-4629461

CR2E037 (9/96)