

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90093 003 ****61.25

DOCUMENT # N95000002202

1. Corporation Name

GUN OWNERS OF OKEECHOBEE, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 1501
OKEECHOBEE FL 34973
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0508353

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

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

83

84 City

FL

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

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 ☐ DELETE

NAME PENNELL, DANIEL F
STREET ADDRESS 2270 S E 24TH BLVD
CITY-ST-ZIP OKEECHOBEE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

DANIEL F. FENNELL
SPELLING

TITLE VD ☐ DELETE

NAME HILL, ED
STREET ADDRESS 209 N-W 11TH AVE
CITY-ST-ZIP OKEECHOBEE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☒ DELETE

NAME STEG KEMPER, BILL
STREET ADDRESS 1812 N W 50TH CT
CITY-ST-ZIP OKEECHOBEE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

VD.
JOHN YANNETT
10164 HWY 441S
OKEECHOBEE FL 34974

TITLE SD ☐ DELETE

NAME HOLLIN, ARTHUR
STREET ADDRESS P O BOX 332 N/A
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME FENNELL, PHYLLIS L
STREET ADDRESS 2270 SE 24TH BLVD.
CITY-ST-ZIP OKEECHOBEE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 991-467-9461

Date

Daytime Phone #

0074849

CR2E037- (1/1/98)