



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002202 1. Entity 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		
DO NOT WRITE IN THIS SPACE				
				 04142008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 65-0508353		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HILL, EDWIN J 209 N.W. 11TH AVE. OKEECHOBEE, FL 34972		DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000904321 05/01/08-80008-006 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDRON, MERV 8650 NW 144TH TRAIL OKEECHOBEE, FL 34972			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENNELL, DANIEL F JR 2270 SE 24TH BLVD OKEECHOBEE, FL 34974			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, EDWIN J 209 NW 11TH AVE OKEECHOBEE, FL 34972			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Daniel F Fennell Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04-15-08</u> Daytime Phone # <u>863-467-9461</u>		