

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 12 1997 8:00am
Secretary of State

DOCUMENT # N97000000013 (9)

1. Corporation Name

FLORIDA NETWORK ON DISABILITIES OF OKEECHOBEE, I
NC.

Principal Place of Business

12651 NE 26TH AVE.
OKEECHOBEE FL 34972

Mailing Address

12651 NE 26TH AVE.
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

650718237

Applied For

Not 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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODSELL, DEBY
12651 NE 26TH 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

Deby Godsell director
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-15-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GODSELL, DEBY
STREET ADDRESS 12651 NE 26TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☐ DELETE
NAME BRADY, PATTI
STREET ADDRESS 7548 NW 92ND COURT
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☒ DELETE
NAME MCDEAVITT, ELIZABETH
STREET ADDRESS 4240 NE 128TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☒ DELETE
NAME SNYDER, BARBARA
STREET ADDRESS 7731 NW 92ND COURT
CITY-ST-ZIP OKEECHOBEE FL 34972

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Secretary
3.3 STREET ADDRESS To Gray
3.4 CITY-ST-ZIP 12531 NW 138th Ave
Okeechobee, FL. 34972

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Treasurer
4.3 STREET ADDRESS Jill Kemp
4.4 CITY-ST-ZIP 8270 SE 57 Dr.
Okeechobee, FL. 34974

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 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: *Deby Godsell* SIGNATURE REQUIRED

8-15-97

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