

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 012 ****61.25

DOCUMENT # N97000000013

1. Entity Name

FLORIDA NETWORK ON DISABILITIES OF OKEECHOBEE, I

Principal Place of Business

Mailing Address

12651 NE 26TH AVE.
 OKEECHOBEE FL 34972

12651 NE 26TH AVE.
 OKEECHOBEE FL 34972-8589

2. Principal Place of Business

3. Mailing Address

822 SE 9th St

822 SE 9th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee, Fl.

Okeechobee, Fl.

Zip

Country

Zip

Country

34974

Okeechobee

34974

Okeechobee

4. FEI Number

65-0718237

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODSELL, DEBY
 12651 NE 26TH AVE.
 OKEECHOBEE FL 34972

Name *Liz McDevitt*

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

822 SE 9th Street

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODSELL, DEBY	
STREET ADDRESS	12651 NE 26TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEMP, JILL	
STREET ADDRESS	8270 SE 57 DR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDEAVITT, SUE	
STREET ADDRESS	4240 SE 128 AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRAY, JO	
STREET ADDRESS	17531 NW 92 CT	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Lavier	
STREET ADDRESS	1483 N.W. 86 COURT	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liz McDevitt	
STREET ADDRESS	822 SE 9th St	
CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE	Sue McDevitt	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue McDevitt	
STREET ADDRESS	631 SE 35th Ter	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gray McDevitt	
STREET ADDRESS	822 SE 9th St	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liz McDevitt

June 23, 2000

Date

Daytime Phone #

(863) 467-7081

CR2E037 (9/99)