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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003351 (0)**

1. Corporation Name

**FRIENDS OF YOUTH MENTORING PROGRAM OF OKEECHOBEE
COUNTY, INC.**

Principal Place of Business

610 S.W. 2ND AVENUE
ROOM 009
OKEECHOBEE FL 34974

Mailing Address

610 S.W. 2ND AVENUE
ROOM 009
OKEECHOBEE FL 34974

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

65-0779658

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

STEPHEN, LAURIE R
610 S.W. 2ND AVENUE
ROOM 009
OKEECHOBEE FL 34974

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 ☐ DELETE
NAME D
STREET ADDRESS BELLEVILLE, MARK
CITY-ST-ZIP 4550 HWY. 441 NORTH
OKEECHOBEE FL 34974

TITLE ☐ DELETE
NAME D
STREET ADDRESS KIRK, ZELLA
CITY-ST-ZIP P.O. BOX 3
OKEECHOBEE FL 34973

TITLE ☐ DELETE
NAME D
STREET ADDRESS KLEELE, ALYCE
CITY-ST-ZIP 1040 S.E. 23RD ST.
OKEECHOBEE FL 34972

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRENNAN, SHIRLEY
CITY-ST-ZIP 258 S.E. 60TH AVE.
OKEECHOBEE FL 34974

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Sandra B. Mortham, Secretary of State

January 13, 1997

CR2E037 (10/97)