

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
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 010 ****61.25

DOCUMENT # **N97000003351**

1. Corporation Name

**Friends of Youth Mentoring Program
of Okeechobee County, Inc.**

Principal Place of Business

**1690 NW 9th Ave.
Okeechobee, Fl.
34972**

Mailing Address

**PO Box 2412
Okeechobee, Fl. 34973**

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

3. Date Incorporated or Qualified

06/09/97

4. FEI Number

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

9. Name and Address of Current Registered Agent

**Stephen, Laurie R
1690 NW 9th Ave.
Okeechobee, Fl. 34972**

10. Name and Address of New Registered Agent

81

Name

Jill M. Rogers

82

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

1690 NW 9th Ave.

83

84

City

Okeechobee

FL

85

Zip Code

34972

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Belleville, Mark	
STREET ADDRESS	4550 Hwy 441 North	
CITY-ST-ZIP	Okeechobee, Fl. 34972	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Green, Richard	
STREET ADDRESS	3802 SE 18th Terr.	
CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Kirk, Zella	
STREET ADDRESS	PO Box 3	
CITY-ST-ZIP	Okeechobee, Fl. 34973	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Klele, Alyce	
STREET ADDRESS	1040 SE 23rd St.	
CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Brennan, Shirley	
STREET ADDRESS	258 SE 60th Ave.	
CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: **Jill M. Rogers, Executive Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/99

Date

941-462-5863

Daytime Phone #