

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004685**

1. Entity Name  
**CONSERVATION CENTER FOR LAKE OKEECHOBEE,  
KISSIMMEE RIVER, EVERGLADES EDUCATION, INC.**



Principal Place of Business  
**1852 SW 37TH AVE.  
OKEECHOBEE, FL 34974**

Mailing Address  
**PO BOX 3098  
OKEECHOBEE, FL 34973 US**



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0779384**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COOK, JOHN R  
202 NW 5TH AVE  
OKEECHOBEE, FL 34974**

**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

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

(NOTE: Registered Agent signature required when reinstating)

U00000581367  
01/10/07-80085-005 61.25  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGAN, JOHN P O BOX 2033 OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CABLE, MARGARET 1852 S.W. 37TH AVE. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRAY, PAUL 100 RIVERWOODS CIR LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, LARRY 7483 NW 86TH CT OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD CABLE, MARGARET 1852 SW 37TH AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mag. Cabon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/07  
Date

863-763-8667  
Daytime Phone #