


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000004180</b>		
1. Entity Name <b>OKEECHOBEE COMMUNITY IMPROVEMENT ASSOCIATION, INC.</b>		
Principal Place of Business <b>275 S.W. 25TH ST. OKEECHOBEE, FL 34974 US</b>		Mailing Address <b>275 S.W. 25TH ST. OKEECHOBEE, FL 34974 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROBERSON, GEORGE L 275 S.W. 25TH ST. OKEECHOBEE, FL 34974</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, GEORGE L 275 S.W. 25TH ST. OKEECHOBEE, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENTY, AMY 417 NE 13TH AVE OKEECHOBEE, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, BERTHA 1503 N.E. 5TH ST OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, ROSE B 1604 NE. 5TH ST. OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>222 G.L. Roberson</u> 5/13/05 863-610-0973 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0890663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

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05/16/05-80014-001 70.00