


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90142 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004197					
1. Corporation Name OKEECHOBEE COUNTY VOUTURE NO. 1619 LA SOCIETE DE S 40 HOMMES ET 8 CHEVAUX, INC.					
Principal Place of Business 501 SE 2ND STREET OKEECHOBEE FL 34974			Mailing Address 501 SE 2ND STREET OKEECHOBEE FL 34974		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/17/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent NIX, HERB 1501 SE 4 STREET OKEECHOBEE FL 34974			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 35 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME HART, CHARLES T STREET ADDRESS P O BOX 595 N/A CITY-ST-ZIP OKEECHOBEE FL 34973			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VSD NAME NIX, HERB STREET ADDRESS 1501 SE 4 ST CITY-ST-ZIP OKEECHOBEE FL 34974			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD NAME MILES, HOWARD STREET ADDRESS 2762 NW 5 ST CITY-ST-ZIP OKEECHOBEE FL 34974			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME ERPENBACH, RICHARD C STREET ADDRESS 304 SW 8 TERR CITY-ST-ZIP OKEECHOBEE FL 34972			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME ROONEY, JOHN R STREET ADDRESS P O BOX 1374 N/A CITY-ST-ZIP OKEECHOBEE FL 34973			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D NAME RASHLEY, JOHN R STREET ADDRESS 1980 NW 6 ST CITY-ST-ZIP OKEECHOBEE FL 34972			6.1 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD MILES

3-12-99

Date

941 763 2950

Daytime Phone #

CR2E037 (1/198)