


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90130 025 ****70.00

DOCUMENT # N98000004197 1. Entity Name OKEECHOBEE COUNTY VOITURE NO. 1619 LA SOCIETE DES 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0912044 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RODNEY, JOHN R SR. 501 S.E. 2ND ST OKEECHOBEE FL 34974	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGWILLER, RICHARD G 3489 NW 32ND AVENUE OKEECHOBEE FL 34972-1378 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAROLD E. ESKRIDGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3917 NW 39TH AVE OKEECHOBEE, FL. 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NIX, HERB 1501 SE 4 ST OKEECHOBEE FL 34974 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HART, CHARLES T P O BOX 595 OKEECHOBEE FL 34973 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESKRIDGE, HAROLD 3987 N.W. 39TH AVE. OKEECHOBEE FL 34972 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, JOHN R P O BOX 1374 N/A OKEECHOBEE FL 34973 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASHLEY, JOHN R 1980 NW 6 ST OKEECHOBEE FL 34972 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>HAROLD E. ESKRIDGE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-22-05</u> <small>Daytime Phone #</small>		