


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90134 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000004578</b>					
1. Corporation Name <b>COMMUNITIES IN SCHOOLS OF OKEECHOBEE, INC.</b>					
Principal Place of Business 1690 NW 9TH AVE. OKEECHOBEE FL 34972			Mailing Address 1690 NW 9TH AVE. OKEECHOBEE FL 34972		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/05/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0849367	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		Trust Fund Contribution	
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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ARBAGOST, GINA				
STREET ADDRESS	1400 SW 3RD AVE.				
CITY-ST-ZIP	OKEECHOBEE FL 34974				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILSON, DANA				
STREET ADDRESS	14100 SW CONNERS HWY.				
CITY-ST-ZIP	OKEECHOBEE FL 34974				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BUSBEE, NANCY				
STREET ADDRESS	17 LINDA GARDENS, BHR				
CITY-ST-ZIP	OKEECHOBEE FL 34974				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KIRK, ZELLA				
STREET ADDRESS	1900 SW 6TH AVE.				
CITY-ST-ZIP	OKEECHOBEE FL 34974				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 checked="" type="checkbox"/> Addition			
1.2 NAME	Theresa Cline				
1.3 STREET ADDRESS	1801 HWY 441 S.E.				
1.4 CITY-ST-ZIP	OKEECHOBEE FL 34974				
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Brad Stark				
2.3 STREET ADDRESS	504 NW 4th Street				
2.4 CITY-ST-ZIP	Okeechobee FL 34974				
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Richard Green				
3.3 STREET ADDRESS	411 SE 4th Street				
3.4 CITY-ST-ZIP	Okeechobee FL 34974				
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Debbie Stas				
4.3 STREET ADDRESS	1679 NW 9th Street				
4.4 CITY-ST-ZIP	Okeechobee FL 34974				
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Phyllis Sarros				
5.3 STREET ADDRESS	7645 HWY 78 W				
5.4 CITY-ST-ZIP	Okeechobee FL 34974				
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	Dana Wilson				
6.3 STREET ADDRESS	2286 SW 2nd Ct.				
6.4 CITY-ST-ZIP	Okeechobee FL 34974				

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 Required haurie Stephen 1-8-99 (911) 467-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)