

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000004578**

1. Entity Name

**COMMUNITIES IN SCHOOLS OF OKEECHOBEE, INC.****FILED****Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90020 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1690 NW 9TH AVE.**  
**OKEECHOBEE FL 34972****P.O. BOX 2412**  
**OKEECHOBEE FL 34973**

2. Principal Place of Business

3. Mailing Address

**575 SW 28th St**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Okeechobee, FL.**

4. FEI Number

**65-0849567**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34974**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, JILL M**  
**1690 NW 9TH AVE.**  
**OKEECHOBEE FL 34972**

Name

Street Address (P.O. Box Number is Not Acceptable)

**575 SW 28th St**City **Okeechobee****FL**

Zip Code

**34974**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Jill M. Rogers - Executive Director****3/4/02****FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D STAS, DEBBIE**  
STREET ADDRESS **PO BOX 1177**  
CITY-ST-ZIP **OKEECHOBEE FL 34973**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D GREEN, RICHARD**  
STREET ADDRESS **PO BOX 1548**  
CITY-ST-ZIP **OKEECHOBEE FL 34973**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D MURPHY, TOM**  
STREET ADDRESS **406 NW 3RD ST**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D KIRK, ZELLA**  
STREET ADDRESS **1900 SW 6TH AVE.**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D CLINE, THERESA**  
STREET ADDRESS **1801 HWY 441 SE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D STARK, BRAD**  
STREET ADDRESS **504 NW 4TH ST.**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jill M. Rogers**

Date

**3/4/02**

Daytime Phone #

**8103 462-5863**

CR2E037 (9/01)