2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N98000004578

Entity Name: COMMUNITIES IN SCHOOLS OF OKEECHOBEE, INC.

Current Principal Place of Business:

575 SW 28TH ST
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2412
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 65-0849367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, JILL M
575 SW 28TH ST
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANDERSON, SCOTT
Address: 201 N. PARROT AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: ABNEY, WES
Address: PO BOX DRAWER 700
City-St-Zip: OKEECHOBEE, FL 34973

Title: D ( ) Delete
Name: MURPHY, TOM
Address: PO BOX 2558
City-St-Zip: OKEECHOBEE, FL 34973

Title: D ( ) Delete
Name: MAY, PAUL
Address: 504 NW 4TH
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: CLINE, THERESA
Address: 107 SW 17TH ST. SUITE B
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: WILLIAMS, LYDIA J
Address: 55 SE 3RD AVE.
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA J. WILLIAMS D 03/23/2009

Electronic Signature of Signing Officer or Director — Date