

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-196

13-5165

DOCUMENT # P93000006788 (2)

1. Corporation Name

NEW BEGINNINGS OF OKEECHOBEE INCORPORATED



Principal Place of Business

301 N.W. 4TH AVE.
OKEECHOBEE FL 34972

Mailing Address

301 N.W. 4TH AVE.
OKEECHOBEE FL 34972

3. Date Incorporated or Qualified

01/27/1993

3a. Date of Last Report

05/11/1995

4. FEI Number

65-0388414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 301 N.W. 4th Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 301 N.W. 4th Avenue
Suite, Apt. #, etc.

City & State

23 Okeechobee, Florida

City & State

28 Okeechobee, Florida

Zip

24 34972

Country

25 Okeechobee

Zip

29 34972

Country

30 Okeechobee

9. Name and Address of Current Registered Agent

PRESCOTT, DIANE R
301 NORTHWEST 4TH AVE.
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name

PATTI L. SIMMONS

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

301 N.W. 4th Avenue

83

84 City

Okeechobee

FL

85

Zip Code

34972

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Patti L. Simmons

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

(NOTE - Registered Agent signature required when translating)

DATE

2-29-96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PRESCOTT, DIANE R
5855 S.E. 75 TRAIL
OKEECHOBEE FL 34974

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DV
BREAUX, BRIDGETTE E
15403 HWY. 70 EAST
OKEECHOBEE FL 34974

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DTS
SIMMONS, PATTI L
820 S.E. 9TH COURT
OKEECHOBEE FL 34974

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D/P/S/T
PATTI L. SIMMONS
301 N.W. 4th Avenue
Okeechobee, Florida 34972

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Patti L. Simmons Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/96

941-467-4247

CR2E034 (12/95)