

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 30 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P300000788

1. Corporation Name

NEW Beginnings of Okeechobee Inc

Principal Place of Business

Mailing Address

1700 South Parrott Ave Suite A  
Okeechobee FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-27-93

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1700 S. Parrott Ave

Suite, Apt. #, etc.

22 A

City & State

23 Okeechobee FL

Zip

24 34974

Country

25 Okeechobee

Country

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9. Name and Address of Current Registered Agent

Patti Lynn Simmons  
820 S. E. 9th St.  
Okeechobee FL 34974

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 Lynn Simmons

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE  
NAME Patti Lynn Simmons  
STREET ADDRESS 820 S. E. 9th St.  
CITY-ST-ZIP Okeechobee FL 34974

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 500003009265--9  
1.3 STREET ADDRESS -10/07/99--01106--001  
1.4 CITY-ST-ZIP \*\*\*150.00 \*\*\*150.00

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 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. 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, with all other like empowered.

SIGNATURE: Patti Lynn Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-25-99 (941) 467-4247

CR2E034 (1/98)

Ma Dept state

9-22-99

2

As per your office today, she said to write a letter to waive the 400<sup>00</sup> pretty.

We called on 4-28-99 that we had not got your form to fill out, we were told it would be in the mail (2 days) 2 calls later we

finally got the form & send to you

with ck 4276 8-23-99 for 150<sup>00</sup>.

We were told it would be Noted in computer to waive fees ~~for~~ ~~office~~

Thank you

David L. Sumner

New Beginnings of Oketchobee Inc  
1700 S PARSONS AVE Suite A  
Oketchobee, FL 34974

Your letter Ref Number P93000006788