

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90093 028 ****61.25

DOCUMENT # 720982

1. Entity Name

OKEECHOBEE CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

9985 US 441 N
PO BOX 1519
OKEECHOBEE FL 34972
US

Mailing Address

P O BOX 1519
OKEECHOBEE FL 34973
US

2. Principal Place of Business

315 S.W. PARK ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

City & State

Zip

34972

Country

Zip

Country

4. FEI Number

59-2272879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, SCOTT
7610 NW 89TH COURT
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name JOHN O'CONNELL

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

6298 HWY 441 S.E.T.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John O'Connell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOHN	
STREET ADDRESS	6298 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, TOM	
STREET ADDRESS	PO BOX 2558	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEHAYS, STEVE	
STREET ADDRESS	PO BOX 1519	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, TOM	
STREET ADDRESS	PO BOX 700	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUMNER, ROBBIE	
STREET ADDRESS	P.O. BOX 1519	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELBERT BATTON	
STREET ADDRESS	200 N.W. 5TH ST.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY STARK	
STREET ADDRESS	1622 N.W. 8TH ST.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY SCOTT	
STREET ADDRESS	1963 HWY 98 N.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John O'Connell JOHN O'CONNELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

863-634-7446

Daytime Phone #