

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720982

FILED
Mar 14, 2005
Secretary of State

Entity Name: OKEECHOBEE CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

315 SW PARK ST.
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1519
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 59-2272879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, JOHN
6298 HWY. 441 SE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

STARK, TONY
6288 HWY. 441 SE
OKEECHOBEE, FL 34974 US

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: TONY STARK

03/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCONNELL, JOHN
Address: 6298 HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP () Delete
Name: BATTON, ELBERT
Address: 200 NW 5TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: DEHAYS, STEVE
Address: PO BOX 1519
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: STARK, TOM
Address: 1622 NW 8TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: SCOTT, KATHY
Address: 1963 HWY 98 N
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STARK, TONY
Address: 6288 HWY. 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP (X) Change () Addition
Name: CHAPMAN, ED
Address: 13400 HWY. 441
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change () Addition
Name: CONNELLY, MIKE
Address: P.O. BOX 2665
City-St-Zip: OKEECHOBEE, FL 34973

Title: D (X) Change () Addition
Name: JOHN, O'CONNELL
Address: 6298 HWY. 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: S/T (X) Change () Addition
Name: COLEMAN, LISA
Address: 6288 HWY. 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TONY STARK

P

03/14/2005

Electronic Signature of Signing Officer or Director

Date