



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|--|----------------------|--|----------------|---|--|
| DOCUMENT # 720982 1. Entity Name OKEECHOBEE CONTRACTORS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 315 SW PARK ST. 6288 Hwy. 441 SE OKEECHOBEE, FL 34972 4 US | | | | Mailing Address P O BOX 1519 OKEECHOBEE, FL 34973 US | |
| 2. Principal Place of Business - No P.O. Box # 6288 Hwy. 441 SE | | 3. Mailing Address (same) (same) | |  REINSTATEMENT (1/07) 07 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Okeechobee FL | | City & State | | | |
| Zip 34974 | | Country Okeechobee | | 4. FEI Number 59-2272879 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent STARK, TONY 6288 HWY. 441 SE OKEECHOBEE, FL 34974 | |
| 7. Name and Address of New Registered Agent Name Scott Chapman Street Address (P.O. Box Number is Not Acceptable) 2625 Hwy. 441 SE 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 <u>Scott Chapman</u> DATE <u>10-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | President Scott Chapman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARK, TONY | | NAME | 2625 Hwy. 441 SE | |
| STREET ADDRESS | 6288 HWY. 441 S.E. | | STREET ADDRESS | Okeechobee, FL. 34974 | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, ED | | NAME | John Hagan | |
| STREET ADDRESS | 13400 HWY. 441 | | STREET ADDRESS | 301 NW 4th Ave. | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | Okeechobee, FL. 34972 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONNELLY, MIKE | | NAME | Carl Shumate | |
| STREET ADDRESS | P.O. BOX 2665 | | STREET ADDRESS | 914 NW 50th Avenue | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34973 | | CITY-ST-ZIP | Okeechobee, FL. 34974 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN, O'CONNELL | | NAME | | |
| STREET ADDRESS | 6298 HWY. 441 S.E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | | |
| TITLE | S/T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLEMAN, LISA | | NAME | | |
| STREET ADDRESS | 6288 HWY. 441 S.E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Scott Chapman - Scott Chapman</u> DATE <u>10-27-07</u> 697-6541 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

FILED

07 NOV -7 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10301207

Applied For
Not Applicable

10-27-07

10-27-07

Make check payable to
Florida Department of State

100112074371
11/07/07--01024--006 **245.00