


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 008 ****70.00

DOCUMENT # 720982		
1. Entity Name OKEECHOBEE CONTRACTORS ASSOCIATION, INC.		

Principal Place of Business 6288 HWY 441 SE OKEECHOBEE, FL 34974 US	Mailing Address P O BOX 1519 OKEECHOBEE, FL 34973 US
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50001369



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2272879		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAPMAN, SCOTT 2825 HWY 441 SE OKEECHOBEE, FL 34774		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Scott Chapman DATE 3-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, SCOTT			NAME			
STREET ADDRESS	2825 HWY 441 SE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGAN, JOHN			NAME			
STREET ADDRESS	301 NW 4TH AVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUMATE, CARL			NAME			
STREET ADDRESS	914 NW 50TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974			CITY-ST-ZIP			
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	ST Stark	<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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Stark, Tony			NAME			
STREET ADDRESS	6288 Hwy. 441 SE			STREET ADDRESS			
CITY-ST-ZIP	Okeechobee, FL 34974			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: Lisa Stark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08 8636976541
Date Daytime Phone #