

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720982

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: OKEECHOBEE CONTRACTORS ASSOCIATION, INC.

## Current Principal Place of Business:

6288 HWY 441 SE  
OKEECHOBEE, FL 34974 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:

CHAPMAN, SCOTT  
2625 HWY 441 SE  
OKEECHOBEE, FL 34774 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

04/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHAPMAN, SCOTT  
Address: 2625 HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: V ( ) Delete  
Name: HOGAN, JOHN  
Address: 301 NW 4TH AVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: SHUMATE, CARL  
Address: 914 NW 50TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

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

Title: ST ( ) Delete  
Name: COLEMAN, LISA  
Address: 6288 HWY. 441 S.E.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: STARK, TONY  
Address: 6288 HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP (X) Change ( ) Addition  
Name: BRANDEL, MARK  
Address: 2525 NE 131ST LANE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: ST (X) Change ( ) Addition  
Name: CRAWFORD, KRISTY  
Address: 5418 NE 53RD WAY  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change ( ) Addition  
Name: KELCHNER, TED  
Address: 1306 SW 2ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change ( ) Addition  
Name: CHAPMAN, SCOTT  
Address: 2625 HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Change (X) Addition  
Name: NEESE, SAMUEL  
Address: 5351 SW 16TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTY CRAWFORD

ST

04/03/2009

Electronic Signature of Signing Officer or Director

Date