

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720982

FILED
Mar 10, 2010
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STARK, TONY
Address: 6288 HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

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

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

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

Title: D
Name: MCCALL, RANDY
Address: 2573 SW 18TH COURT
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: SHEFFIELD, JEFFREY
Address: 110 NE 3RD AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: KRISTY CRAWFORD

ST

03/10/2010

Electronic Signature of Signing Officer or Director

Date