## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#737280** 

FILED Jan 04, 2011 Secretary of State

Entity Name: OKEECHOBEE COUNTY BOARD OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business:

326 NW 5TH STREET 302 NW 5TH STREET

OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34972 US

Current Mailing Address: New Mailing Address:

326 NW 5TH STREET 302 NW 5TH STREET

OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34972 US

FEI Number: 59-2128038 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOYLE, SHELLY D 7346 NW 86TH COURT OKEECHOBEE, FL 34972 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: F

Name: ANDERSON, VICKI S Address: PO BOX 1715

City-St-Zip: OKEECHOBEE, FL 34973

Title: VP

 Name:
 JARA, STEVEN

 Address:
 311 NE 2ND STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972

Title:

Name: FOWLER, JAMES R

Address: 401 SOUTH PARROTT AVENUE City-St-Zip: OKEECHOBEE, FL 34974

Title: PF

 Name:
 TURNER, JULIE A

 Address:
 3126 HWY 441 SOUTH

 City-St-Zip:
 OKEECHOBEE, FL 34974

Title:

 Name:
 WINDRIDGE, MARIANNE

 Address:
 311 NE 2ND STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: [

 Name:
 TOWNES, JAYLA

 Address:
 311 NE 2ND STREET

 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: SHELLY DOYLE AE 01/04/2011