

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006812

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** OKEECHOBEE SUBSTANCE ABUSE COALITION, INC.

**Current Principal Place of Business:**

11655 HWY 441 SE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

11655 HWY 441 SE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 26-0352286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITING, FRANK  
5206 S.E. 44TH STREET  
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:** P  
**Name:** GLENN, JOHN  
**Address:** 11655 HWY 441 SE  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** VP  
**Name:** VINSON, SHARON  
**Address:** 700 SW 2ND AVE  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** S  
**Name:** EKSTEIN, MARY  
**Address:** 9576 S.W. ADAMS STREET  
**City-St-Zip:** OKEECHOBEE, FL 34974

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:** JOHN GLENN

PRES

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date