

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 22, 2012
Secretary of State

Entity Name: OKEECHOBEE COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

831 NE 16TH AVE.
OKEECHOBEE, FL 34972

New Principal Place of Business:

831 NE 16TH AVE.
1050 NE 16TH AVENUE
OKEECHOBEE, FL 34972

Current Mailing Address:

PO BOX 836
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 50-0170357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D
Name: LIVATT, PAULINE G
Address: 831 NE 16TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: GONZALEZ, BARBARA
Address: 831 NE 16TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: WELCH, WILLIE
Address: 831 NE 16TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: MITCHELL-MURPHY, MELISSA
Address: 831 NE 16TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: SAMUEL, CHRIS
Address: 831 NE 16TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: RYLES, TERENCE
Address: 831 NE 16TH AVE.
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: BARBARA MITCHELL GONZALEZ

D

02/22/2012

Electronic Signature of Signing Officer or Director

_____ Date