

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16529

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** UNITED WAY OF OKEECHOBEE COUNTY, INC.

**Current Principal Place of Business:**

700 SW 2ND AVE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7  
OKEECHOBEE, FL 34973

**New Mailing Address:**

FEI Number: 59-2767181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUTTON, CHERYL  
700 SW 2ND AVE  
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: D  
Name: HURLEY, MARY  
Address: 700 SW 2ND AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD  
Name: FOLSOM, KEVIN  
Address: 3551 SY 441 S  
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD  
Name: BLAIR, CATHY  
Address: 2365 SW 22ND CIR  
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD  
Name: LAFFERTY, JENNIFER  
Address: 1506 S PARROTT AVE  
City-St-Zip: OKEECHOBEE, F; 34974

Title: D  
Name: SMITH, SAM  
Address: 2229 NW 9TH AVE  
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: JENNIFER LAFFERTY

TD

04/06/2010

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

\_\_\_\_\_  
Date