2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 05, 2005 8:00 am
Secretary of State
03-08-2005 90168 044 ****70.00

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1. Entity Name
OKEECHOBEE NON-PROFIT HOUSING, INC.

Principal Place of Business	Mailing Address
115 SW 5TH AVENUE OKEECHOBEE, FL 34974	PO BOX 1515 OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0045254

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEVIGNY, ELINOR A.
1307 S. PARROTT AVENUE
LOT 57
OKEECHOBEE, FL 33974

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sister Elinor A Sevigny
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILLIAMSON, FRANK JR.
STREET ADDRESS	9200 NE 12TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DV
NAME	CONNER, BURTON C.
STREET ADDRESS	1609 SW 7TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	FITT, CECILE
STREET ADDRESS	404 N.E. 6TH ST.
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	D
NAME	CARDENAS, REMEDIOS
STREET ADDRESS	3589 N.W. 4TH ST.
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DT
NAME	SUMNER, ROBBIE
STREET ADDRESS	393 S.W. 67TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DS
NAME	VASQUEZ, SYLVIA
STREET ADDRESS	3081 NW 2ND ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Vasquez Sylvia Vasquez 3/31/05 863-467-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #