

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 008 ****61.25

DOCUMENT # N25857

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



Principal Place of Business
**115 SW 5TH AVENUE
OKEECHOBEE, FL 34974**

Mailing Address
**PO BOX 1515
OKEECHOBEE, FL 34973**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **WILLIAMSON, FRANK JR.**
STREET ADDRESS **9200 NE 12TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **DS** ☐ Change ☒ Addition
NAME **BRISEIDA PEREZ**
STREET ADDRESS **808 SE 8th St.**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **DV** ☐ Delete
NAME **CONNER, BURTON C.**
STREET ADDRESS **1609 SW 7TH AVENUE**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 2987**
STREET ADDRESS **Ft. Pierce, FL 34954**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SUAREZ, DAVID**
STREET ADDRESS **1000 SW 5TH ST**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D** ☐ Change ☒ Addition
NAME **PAUL BUXTON**
STREET ADDRESS **110 NE 5th St.**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **P** ☐ Delete
NAME **LAFFERTY, JENNIFER**
STREET ADDRESS **P.O. BOX 1798**
CITY-ST-ZIP **OKEECHOBEE, FL 34973**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KENTY, ERNEST**
STREET ADDRESS **417 NE 13TH AVE**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **507 NE 13th Ave.**
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **VASQUEZ, SYLVIA**
STREET ADDRESS **3081 NW 2ND ST**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Elinor A. Sevigny, Exec. Dir. 3-13-08 863-467-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #