

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25857

FILED
Mar 03, 2009
Secretary of State

Entity Name: OKEECHOBEE NON-PROFIT HOUSING, INC.

Current Principal Place of Business:

115 SW 5TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

PO BOX 1515
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 65-0045254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEVIGNY, ELINOR A.
1307 S. PARROTT AVENUE
LOT 57
OKEECHOBEE, FL 33974 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: DT () Delete
Name: WILLIAMSON, FRANK JR.,
Address: 9200 NE 12TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: DV () Delete
Name: CONNER, BURTON C.,
Address: P.O. BOX 2987
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: SUAREZ, DAVID
Address: 1000 SW 5TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD () Delete
Name: LAFFERTY, JENNIFER
Address: P.O. BOX 1798
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: KENTY, ERNEST
Address: 507 NE 13TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: PEREZ, BRICEIDA
Address: 808 SE 8TH ST
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER LAFFERTY

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date