

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25857

FILED
Jan 24, 2012
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: D
Name: WILLIAMSON, FRANK JR.
Address: 9200 NE 12TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: DP
Name: CLARK, MONICA
Address: 804 N. PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: ELLIOTT, CECILIA
Address: 1600 S US HWY 1
City-St-Zip: FORT PIERCE, FL 34950

Title: DV
Name: HETHERTON, RICH
Address: 7 LYKES ROAD
City-St-Zip: LAKE PLACID, FL 33825

Title: D
Name: GARNER, SHEILA
Address: 4932 SE 42ND ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD
Name: PEREZ, BRICEIDA
Address: 808 SE 8TH ST
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: MONICA CLARK

DP

01/24/2012

Electronic Signature of Signing Officer or Director

Date