

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36340

FILED
Apr 22, 2008
Secretary of State

Entity Name: ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.

Current Principal Place of Business:

601 WEST SOUTH PARK STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

605 SW PARK STREET
SUITE 207
OKEECHOBEE, FL 34972

Current Mailing Address:

P O BOX 718
OKEECHOBEE, FL 34972

New Mailing Address:

P O BOX 718
OKEECHOBEE, FL 34973

FEI Number: 65-0174688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, BRANDON D
104 NW 7TH AVENUE
OKEECHOBEE, FL 34972 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 () Delete
Name: CHARTIER, RICK
Address: 403 SOUTH PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: WALPOLE, KEITH
Address: 269 NW 9TH ST
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: TUCKER, BRANDON
Address: 104 NW 7TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Delete
Name: SUMMER, JEFF
Address: 393 SW 67TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

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:

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: KEITH WALPOLE

D

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date