

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36340

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.

**Current Principal Place of Business:**

605 SW PARK STREET  
SUITE 207  
OKEECHOBEE, FL 349724173

**New Principal Place of Business:**

1679 NW 9TH STREET  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

P O BOX 718  
OKEECHOBEE, FL 349730718

**New Mailing Address:**

P.O. BOX 718  
OKEECHOBEE, FL 349730718

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:**

MAXWELL, ELIZABETH A  
405 NW 3RD STREET  
OKEECHOBEE, FL 34972 US

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: ELIZABETH A. MAXWELL

01/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAXWELL, ELIZABETH  
Address: 405 NW 3RD STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: GEITNER, JON  
Address: 1409 SOUTH PARROTT AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: WILLIAMSON, WES  
Address: HIGHWAY 441 NORTH  
City-St-Zip: OKEECHOBEE, FL 34972

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: ELIZABETH A. MAXWELL

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date