

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N51457

1. Entity Name
OKEECHOBEE CHURCH OF CHRIST, INC.



Principal Place of Business
**1410 S PARROTT AVENUE
OKEECHOBEE, FL 34974-0958**

Mailing Address
**P O BOX 958
OKEECHOBEE, FL 34973-0958**



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0481789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, JOHN R.
202 NW 5TH AVE
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ELKINS, KENNY 1858 SW 28TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FONTENBERG, WAYNE 625 SE 25TH ST OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SKIPPER, MIKE 18 NW 144TH DR. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RICHEY, GENE 624 SE 26TH DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CLINTON 2901 SE 18TH TERR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRADDOCK, ELDRIDGE E 15601 SR 70W LOT 42 OKEECHOBEE, FL

U00000803201
02/05/08-80017-001 61.25

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IN THIS SPACE**

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: Gene Richey, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2008 863-763-4477
Date Daytime Phone #