

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007355

Entity Name: OKEECHOBEE CHRISTIAN ACADEMY, INC.**Current Principal Place of Business:**701 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974**Current Mailing Address:**701 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974**FEI Number: 26-0443439****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REYNOLDS, NICHOLAS L
701 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name REYNOLDS, NICHOLAS L
Address 3342 SW HOSANAH LANE
City-State-Zip: OKEECHOBEE FL 34974Title D
Name SMITH, DALE
Address P.O. BOX 742
City-State-Zip: OKEECHOBEE FL 34973Title D
Name TUCKER, BRANDON
Address 104 NW 7TH AVENUE
City-State-Zip: OKEECHOBEE FL 34972Title D
Name RENO, SARAH D
Address 405 S.W. 2ND STREET
City-State-Zip: OKEECHOBEE FL 34974Title D
Name O'NEILL, ROBERTA
Address 5593 NW 20TH STREET
City-State-Zip: OKEECHOBEE FL 34972Title D
Name RUCKS, HEATHER W
Address 2240 NW 144TH DRIVE
City-State-Zip: OKEECHOBEE FL 34972Title D
Name GUTHRIE, SABINA R
Address 12350 NE 26TH AVE
City-State-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: NICHOLAS REYNOLDS**BOARD PRESIDENT****01/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date