

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010961

**Entity Name:** OKEECHOBEE COMMUNITY DEVELOPMENT CORPORATION, INC.

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC7406320625**

**Current Principal Place of Business:**

1050 NE 16TH AVE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

PO BOX 836  
OKEECHOBEE, FL 34972

**FEI Number: 50-0170357**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 LIVATT, PAULINE G PASTOR  
Address 1801 NW 3RD LANE  
APT# 327  
City-State-Zip: OKEECHOBEE FL 34972

Title D  
Name WELCH, WILLIE  
Address 831 NE 16TH AVE.  
City-State-Zip: OKEECHOBEE FL 34972

Title D  
Name SAMUEL, CHRIS  
Address 1700 NW 7TH AVE  
City-State-Zip: OKEECHOBEE FL 34972

Title D  
Name RYLES, TERENCE  
Address 831 NE 16TH 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: REV. PAULINE G. LIVATT**

**PASTOR**

**04/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date