

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006240

**Entity Name:** NEW SAINT STEPHEN AFRICAN METHODIST EPISCOPAL CHURCH OF OKEECHOBEE, FLORIDA, INC.

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**7099267105CC**

**Current Principal Place of Business:**

1050 NE 16TH AVENUE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

POST OFFICE BOX 836  
OKEECHOBEE, FL 34973 US

**FEI Number: 50-0170357**

**Certificate of Status Desired: No**

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

WASHINGTON, JACK REV.  
5000 SUGAR BAY STREET  
SEBRING, FL 33872 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: REV. JACK WASHINGTON

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PE, PASTOR  
Name WASHINGTON, JACK PASTOR  
Address 5000 SUGAR BAY STREET  
City-State-Zip: SEBRING FL 33872

Title TD  
Name BRADLEY, SHEILA PRO-TEM  
Address 204 SW 11TH AVE.  
City-State-Zip: OKEECHOBEE FL 34974

Title TD, SECRETARY  
Name WASHINGTON, PATIENCE SECRETARY  
Address 1050 SW 83RD AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title TD  
Name CAMPBELL, CHRISTOPHER PRO-TEM  
Address 2818 NW 5TH STREET  
City-State-Zip: OKEECHOBEE FL 34972

Title SD  
Name WELCH, WILLIE J TREASURER  
Address 1550 NE 14TH STREET  
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: JACK WASHINGTON

PASTOR

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date