

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 19 AM 4:08

CORPORATION

2011 AR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734054

1. Corporation Name

Okeechobee Post 4423 Veterans of Foreign Wars of the United States

2. Principal Office Address - No P.O. Box #

300 NW 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1137

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34972

Country

USA

Zip

34973

Country

USA

200202585372  
04/19/11--01018--002 \*\*61.25  
CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/75

5. FEI Number  
23-731248

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Billy J. Sams

Street Address (P.O. Box Number is Not Acceptable)

17435 Brinkerhoff Lane

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 12, 2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Commander	Richard Engwiller	3489 NW 32nd Ave.	Okeechobee, FL 34972
Sr. Vice	Mark E. Dunham	8576 NW 189th Ave.	Okeechobee, FL 34972
Jr. Vice	Robert Hinebaugh	2706 NE 54th Trl.	Okeechobee, FL 34972
Quartermaster	Billy J. Sams	17435 Brinkerhoff Lane	Okeechobee, FL 34974

10. E-mail Address: vfw4423@centurylink.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Billy J. Sams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2011 (863)763-0818

Date

Daytime Phone #