

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2012 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734054

1. Corporation Name

OKEECHOBEE POST NO. 4423, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.

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

300 NW 34th St.

3. Mailing Office Address

PO Box 1137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34972

Country

USA

Zip

34973

Country

USA

800229148918

04/16/12--01002--001 **61.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

23-734248 23-7323482

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 Ln

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

S. HAWKES

APR - 2012

EXAMINER

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

Billy J. Sams

REGISTERED AGENT MUST SIGN

Date

4/6/2012

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	Bobby Gilbert	1485 NE 356th Ct	Okeechobee, FL 34972
Sr. Vice	Ron Price	33 County Rd.	Lorida, FL 33857
3 yr Trustee	Jimmy Hayes	8301 SW 10th Ln	Okeechobee, FL 34974
QuarterMaster	Billy J. Sams	17435 Brinkerhoff Ln	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 *Billy J. Sams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/2012 863-763-6257

Daytime Phone #

763-0818

FILED
12 APR 15 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA