## 2007 NOT-FOR-PROFIT CORPORATION

Zip

## ANNUAL REPORT (AR) DOCUMENT # 756090 1. Entity Name OKEECHOBEE BIG LAKE V.F.W. POST NO. 10539, VETERANS OF FOREIGN WARS OF THE UNITED Principal Place of Business Mailing Address P.O. BOX 1940 OKOCHOBEE FL 34973-1940

2. Principal Place of Business - No P.O. Box #

Country

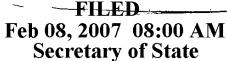
STURDIVENT, DOUGLAS R

3632 SE 19TH TERRACE **OKEECHOBEE FL 34974** 

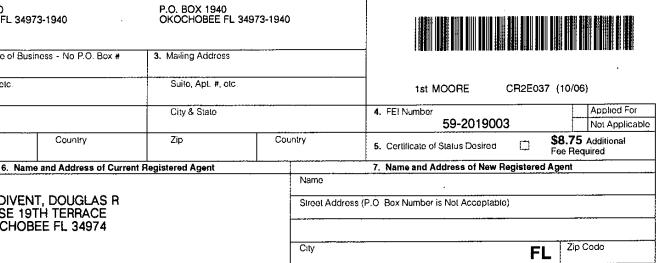
Suito, Apt. #, etc.

City & State

Zip







8. 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. I am familiar with, and accept the obligations egisterod agent SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 · 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition 31181 ☐ Delete THIE 000000628<u>96</u>0 NAME NAME STURDIVENT, DOUGLAS 02/16/07-80037-020 61.25 STREET ADDRESS STREET ADDRESS 3632 SE 19TH TERRACE CITY-ST-ZIP CITY - ST- ZIP OKEECHOBEE FL 34974 Change Addition Delete HILE SV NAME BENOIT, JAMES E NAME STREET ADDRESS STREET ADDRESS 2995 US HWY 441 SE CITY+SI-ZIP CITY-ST-7IP OKEECHOBEE FL 34974 Change ■ Addition ☐ Delete ШШ MILE NAME NAME FINCH, MARC S STREET ADDRESS STREET ADDRESS 3751 SE 25TH ST CHY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 1131 F ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition Change Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

9-6-7 863 763 2308 **SIGNATURE**