

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

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
OKOCHOBE FL 34973-1940

P.O. BOX 1940
OKOCHOBE FL 34973-1940



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2019003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STURDIVENT, DOUGLAS R
3632 SE 19TH TERRACE
OKEECHOBEE FL 34974

Name

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

City

FL

Zip Code

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 of registered agent.

SIGNATURE

Douglas R. Sturdivent

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: C ☐ Delete
NAME: STURDIVENT, DOUGLAS
STREET ADDRESS: 3632 SE 19TH TERRACE
CITY- ST- ZIP: OKEECHOBEE FL 34974

TITLE: SV ☐ Delete
NAME: BENOIT, JAMES E
STREET ADDRESS: 2995 US HWY 441 SE
CITY- ST- ZIP: OKEECHOBEE FL 34974

TITLE: V ☐ Delete
NAME: FINCH, MARC S
STREET ADDRESS: 3751 SE 25TH ST
CITY- ST- ZIP: OKEECHOBEE FL 34974

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000628960
CITY- ST- ZIP: 02/16/07-80037-020 61.25

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

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NAME: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY- ST- ZIP:

12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. William Kinney

9-6-7

863 763 2308