

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N94000000147 (8)

1. Corporation Name

**OKEECHOBEE AMERICAN LEGION ACTIVITIES CORPORATIO
N**

01/03/1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

501 SE 2ND ST
OKEECHOBEE FL 34974

501 SE 2ND ST
OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1994

4. FEI Number **APPLIED FOR**

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOROMEI, VINCENT
310 SE 2ND ST
OKEECHOBEE FL 34974**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **MILES, HOWARD**
STREET ADDRESS **2762 NW 5TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV**
NAME **WILLIAMS, ROY**
STREET ADDRESS **1501 SE 8TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D2V**
NAME **RECTOR, SAM**
STREET ADDRESS **804 SE 6TH CT**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **THOMAS, SAM JR**
STREET ADDRESS **420 NW 27TH LN**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DS**
NAME **NIX, HERB**
STREET ADDRESS **1501 SE 4TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DAS**
NAME **HART, CHARLES**
STREET ADDRESS **612 SE 8TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD MILES COMMANDER POST #64

Date

Signature Page #