

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # N94000000147 (8)

1. Corporation Name

OKEECHOBEE AMERICAN LEGION ACTIVITIES CORPORATION
N

Principal Place of Business

501 SE 2ND ST
OKEECHOBEE FL 34974

Mailing Address

501 SE 2ND ST
OKEECHOBEE FL 34974

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOROMEI, VINCENT
310 SE 2ND ST
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name

RICHARD ERPENBACH

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

501 SOUTHEAST 2ND STREET

83

84 City

OKEECHOBEE

FL

85 Zip Code
34974

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Richard C. Erpenbach

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MILES, HOWARD	
STREET ADDRESS	2762 NW 5TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROY	
STREET ADDRESS	1501 SE 8TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RECTOR, SAM	
STREET ADDRESS	804 SE 6TH CT	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, SAM JR	
STREET ADDRESS	420 NW 27TH LN	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	NIX, HERB	
STREET ADDRESS	1501 SE 4TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	HART, CHARLES	
STREET ADDRESS	612 SE 8TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard C. Erpenbach	
1.3 STREET ADDRESS	304 S.W. 87th. Terrace	
1.4 CITY-ST-ZIP	Okeechobee, FL 34974	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROONEY, JOHN R.	
2.3 STREET ADDRESS	P.O. BOX 1374	
2.4 CITY-ST-ZIP	OKEECHOBEE FL 34973-1374	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COX, LAWRENCE R.	
3.3 STREET ADDRESS	2920 SOUTHEAST 23RD STREET	
3.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	
4.1 TITLE	200001774382	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-04/09/96--01115--019	
4.3 STREET ADDRESS	***70.00	
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MUNGER, JOHN	
5.3 STREET ADDRESS	2222 SOUTHEAST 33RD STREET	
5.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

Richard C. Erpenbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3-8-96

(941) 763-2950
DATE TIME PHONE #

CR2E037 (12/95)