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FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000147 (8)

1. Corporation Name

OKEECHOBEE AMERICAN LEGION ACTIVITIES CORPORATIO
N

Principal Place of Business

501 SE 2ND ST
OKEECHOBEE FL 34974

Mailing Address

501 SE 2ND ST
OKEECHOBEE FL 34974-44073. Date Incorporated or Qualified
01/03/19943a. Date of Last Report
04/09/1996

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

4. FEI Number

59-6200812

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERPENBACH, RICHARD
501 SOUTHEAST 2ND STREET
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ERPENBACH, RICHARD
STREET ADDRESS 304 SW 87TH TERRACE
CITY-ST-ZIP OKEECHOBEE FL 34974☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DV
NAME ROONEY, JOHN R
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP OKEECHOBEE FL 34973-1374☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPDV
ROONEY, JOHN R
PO BOX 1374 N/A
OKEECHOBEE FL 34973-1374☒ Change ☐ AdditionTITLE D2V
NAME COX, LAWRENCE R
STREET ADDRESS 2920 SOUTHEAST 23RD STREET
CITY-ST-ZIP OKEECHOBEE FL 34974☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME THOMAS, SAM JR
STREET ADDRESS 420 NW 27TH LN
CITY-ST-ZIP OKEECHOBEE FL 34972☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DS
NAME MUNGER, JOHN
STREET ADDRESS 2222 SOUTHEAST 33RD STREET
CITY-ST-ZIP OKEECHOBEE FL 34974☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPDS
Howard Miles
2762 N.W. 5th. St.
Okeechobee, FL 34972☒ Change ☐ AdditionTITLE DAS
NAME HART, CHARLES
STREET ADDRESS 612 SE 8TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34974☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Richard B. Erpenbach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

1-941-73 2950

Date

Daytime Phone # 0071431

CP2E037 (9/96)