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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**01/03/1994**

4. FEI Number

**59-6200812**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ERPENBACH, RICHARD  
501 SOUTHEAST 2ND STREET  
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **ERPENBACH, RICHARD**  
STREET ADDRESS **304 SW 87TH TERRACE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **DV** ☐ DELETE

NAME **ROONEY, JOHN R**  
STREET ADDRESS **P.O BOX 1374 N/A**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D2V** ☐ DELETE

NAME **COX, LAWRENCE R**  
STREET ADDRESS **2920 SOUTHEAST 23RD STREET**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☐ DELETE

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

TITLE **DS** ☐ DELETE

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

TITLE **DAS** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 D. Erpenbach* **REQUIRED**

*1/16/98*

*941 763 2950*

CR2E037 (10/97)