NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000147

OKEECHOBEE AMERICAN LEGION ACTIVITIES CORPORATIO

Principal Place of	Business
501 SE 2ND ST	
VACCUMUNEE EL	24074

Mailing Address

501 SE 2ND ST

OKEECHOBEE FL 34974

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90145 044 ****70.00





2. Principal P	lace of Business	2a. Mailing Addre	ess		01/03/1994	
21	· · · · · · · · · · · · · · · · · · ·	26			4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		65-0486756	Not Applicable
22		27	"-		03/0400730	
City & Stat	e	City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Col	intry	6. Election Campaign Financing	□ \$5.00 May Be
24	25	29	30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent
				81 Name	Charles T. Hart, J	r.
ERPENBACH, RICHARD 82			82 Street Ad	ddress (P.O. Box Mimberis Not Acceptable		
501 SOUTHEAST 2ND STREET			2201 S.W. 28th. St., Apt. #23			
OKEECHOBEE FL 34974			83	1.00		
ONLLOIN	30EE 1 E 313/ 4			84 City	Apt. #23	85 Zip Code
				84 City	Okeechobee,	FL 85 Zip Code 34974
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	la Statutes, the a	bove-named co	ornoration submits this statement for the nu	rpose of changing its registered
office or r	egistered agent, or both, in the State of	f Florida. Such chang	je was authorize i503. Florida Stat	d by the corpor utes.	ration's board of directors. I hereby accept to	ne appointment as registered
	TID. I. THE.	W // ^	MANIEC	- Han-	TE COMMANGER	THAN 49
SIGNATURE	Signatur, your or printed name of registered agent	and little if applicable.	(NOTE: Registered	Agent signature red	uired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	□ X DE	LETE 1.1 T	TLE	Commander	Change Addition
NAME	ERPENBACH, RICHARD		1.2 N	AME	Charles T. Hart, J	r.
STREET ADDRESS	304 SW 87TH TERRACE		1.3 \$	TREET ADDRESS	2201 S.W. 28+b. Av	P. 3 #22
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.40	TY-ST-ZIP	2201 S.W. 28th. Av Okeechobee, FL 34	978/APT #23
TITLE	DV	□ DE	LETE 2.1 T	TLE		☐ Change ☐ Addition
NAME	ROONEY, JOHN R		2.2 N	AME		
STREET ADDRESS	P.O BOX 1374 N/A		2.3 9	TREET ADDRESS	معيد سيدمان الداريد	·
CITY-ST-ZIP	OKECHOBEEE FL		2.40	ITY-ST-ZIP		
TITLE	D2V	☐ DE	LETE 3.1 T	TLE .		Change Addition
NAME	COX, LAWRENCE R		3.2 N	AME		
STREET ADDRESS	2920 SOUTHEAST 23RD STREE	т	3.3 \$	TREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974	••		CITY-ST-ZIP		
TITLE	D D	□ K DE			D	☐ Change ☐ Addition
NAME	THOMAS, SAM JR	 -		LAME	Harold Eskridge	
STREET ADDRESS	420 NW 27TH LN			TREET ADDRESS	39 ¹ 7 N.W. 39th. Av	e.
CITY-ST-ZIP	OKEECHOBEE FL 34972			ITY-ST-ZIP	=	972
TITLE	DS	DE			Uncertioned I II	☐ Change ☐ Addition
NAME	MILES, HOWARD		5.2 N	1		
STREET ADDRESS	2762 NW 5TH ST		5.3 \$	TREET ADDRESS		
				ITY-ST-ZIP		
CITY-ST-ZIP	OKEECHOBEE FL	□ X DE			DAS	Change Addition
TITLE	DAS		1	AME	Mike G. O'Connor	<u> </u>
NAME	HART, CHARLES			TREET ADDRESS	1020 S.W. 7th. Ave	· •
STREET ADDRESS	•.•			TY-ST-ZIP		974
CITY-ST-ZIP	OKEECHOBEE EL 34974		■ 6.4 €	41.1-\$1-ZIP	OVECCHORE' LP 34	J17

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, with all other like empowered.

SIGNATURE: