

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90001 011 ****61.25

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1. Entity Name
**OKEECHOBEE AMERICAN LEGION ACTIVITIES
CORPORATION**



Principal Place of Business
**501 SE 2ND ST
OKEECHOBEE, FL 34974**

Mailing Address
**501 SE 2ND ST
OKEECHOBEE, FL 34974**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0486756

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, CHARLES T JR.
2201 SW 28TH ST., APT. 23
OKEECHOBEE, FL 34974**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
HART, CHARLES T JR
2201 SW 28TH AVE. APT. #23
OKEECHOBEE, FL 34974** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1st. Vice Commander
Richard D. Cross
180 S.W. 21st. Terrace
Okeechobee, FL 34974** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D2V
FENNELL, DANIEL JR.
2270 SE 24TH BLVD.
OKEECHOBEE, FL 34974** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESKRIDGE, HAROLD
39117 NW 39TH. AVE.
OKEECHOBEE, FL 34972** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ENDERS, BRUCE
92 TIN HOUSE COVE RD
LORIDA, FL 33857** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAS
MUNGER, JOHN
2222 SE 3 STREET
OKEECHOBEE, FL 34974** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Adjutant
Paul R. Partridge, Sr
1509 N.E. 131st. St.
Okeechobee, FL 34972** ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles T. Hart, Jr.

Charles T. Hart, Jr.

9 JAN 04 863-763-2950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #