


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-09-2007 90039 037 ****61.25

DOCUMENT # N94000000147					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0486756	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FENNELL, DANIEL F JR 2270 SE 24TH BLVD OKEECHOBEE FL 34974				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary.)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FENNELL, DANIEL F JR		NAME		
STREET ADDRESS	2270 SE 24TH BLVD		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34974		CITY- ST- ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOVACS, DONALD E		NAME		
STREET ADDRESS	8832 NW 189TH AVE		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34972		CITY- ST- ZIP		
TITLE	O2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREECH, ALFRED D		NAME		
STREET ADDRESS	8068 SE 99TH TERR		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34974		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREAS, DONALD E JR		NAME		
STREET ADDRESS	2032 SE 29TH ST		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34974		CITY- ST- ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENDERS, BRUCE		NAME		
STREET ADDRESS	92 TIN HOUSE COVE RD		STREET ADDRESS		
CITY- ST- ZIP	LORIDA FL 33857		CITY- ST- ZIP		
TITLE	A	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROTH, ROBERT J		NAME		
STREET ADDRESS	615 SE 25TH ST		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34974		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 <i>Daniel F Fennell</i>		04-24-07 863-963-2950			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			