

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90044 017 \*\*\*\*70.00

**DOCUMENT # N94000000147**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0486756**

Applied For  
Not Applicable

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

*Charles T. Hart Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6 JAN 2003**

**FILE NOW: FEE IS \$61.25**

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

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

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

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

TITLE **D2V** ☒ Delete  
NAME **ENQUILLER, RICHARD**  
STREET ADDRESS **3489 NW 32 AVENUE**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **D2V** ☐ Change ☐ Addition  
NAME **DANIEL FENNEL JR.**  
STREET ADDRESS **2270 S.E. 24TH BLVD.**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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

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

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

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

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

TITLE **DAS** ☒ Change ☐ Addition  
NAME **JOHN MUNGER**  
STREET ADDRESS **2222 S.E. 3RD ST.**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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.* **FL CHARLES T. HART JR.**

**6 JAN 2003**

**863-763-2950**

CR2E037 (10/02)