

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:33

DOCUMENT # 709130 (9)

1. Corporation Name

SAFETY HARBOR POST #238 INCORPORATED, THE AMERIC
AN LEGION, SAFETY HARBOR, FLORIDA

Principal Place of Business

Mailing Address

900 MAIN ST.
P.O. BOX 246
SAFETY HARBOR FL 33570-0246

900 MAIN ST.
P.O. BOX 246
SAFETY HARBOR FL 33570-0246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/15/1965

03/04/1994

4. FEI Number

59-1198384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPAULDING, ROBERT
900 MAIN ST
SAFETY HARBOR FL 34895

81 Name

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

83 900 MAIN ST

84 City Safety Harbor

FL

85 Zip Code 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Clayton Greene

CLAYTON GREENE

2-20-95

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	GREENE, CLAYTON	900 MAIN ST.	SAFETY HARBOR FL
D	CLAUM, GEORGE	900 MAIN ST.	SAFETY HARBOR, FL 00000
T	OBERLE, WILLIAM J	900 MAIN ST.	SAFETY HARBOR FL
P	SPAULDING, ROBERT	900 MAIN ST.	SAFETY HARBOR FL
D	HENDERSON, DAVID	900 MAIN ST.	SAFETY HARBOR FL
D	SEIDLEN, THOMAS	900 MAIN ST.	SAFETY HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
P			
2.1 TITLE <td></td> <td></td> <td></td>			
2.2 NAME <td></td> <td></td> <td></td>			
2.3 STREET ADDRESS <td></td> <td></td> <td></td>			
2.4 CITY - ST - ZIP <td></td> <td></td> <td></td>			
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3.4 CITY - ST - ZIP <td></td> <td></td> <td></td>			
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4.3 STREET ADDRESS <td></td> <td></td> <td></td>			
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5.3 STREET ADDRESS <td></td> <td></td> <td></td>			
5.4 CITY - ST - ZIP <td></td> <td></td> <td></td>			
6.1 TITLE <td></td> <td></td> <td></td>			
6.2 NAME <td></td> <td></td> <td></td>			
6.3 STREET ADDRESS <td></td> <td></td> <td></td>			
6.4 CITY - ST - ZIP <td></td> <td></td> <td></td>			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Clayton Greene

2-20-95

(Title)

(Typed Name)