**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

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.<br>P.O.BOX 246<br>SAFETY HARBOR FL 33570-0246 | 900 MAIN ST.<br>P.O.BOX 246<br>SAFETY HARBOR FL 33570-0246 |

3. Date Incorporated or Qualified: 06/15/1965
3a. Date of Last Report: 02/24/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1198384 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

CLAYTON, GREENE
900 MAIN STREET
SAFETY HARBOR FL 34695

**10. Name and Address of New Registered Agent**

81 Name: ARCHIE R. PAIRADEE, JR
82 Street Address (P.O. Box Number is Not Acceptable): 900 MAIN ST
83: SAFETY HARBOR
84 City: FL 85 Zip Code: 34695

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 6/27/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GREENE, CLAYTON<br>900 MAIN ST.<br>SAFETY HARBOR FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P ARCHIE R. PAIRADEE, JR<br>900 MAIN ST<br>SAFETY HARBOR FL 34695 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLAUM, GEORGE<br>900 MAIN ST.<br>SATETY HARBOR, FL 00000 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>OBERLE, WILLIAM J<br>900 MAIN ST.<br>SAFETY HARBOR FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D JAMES MORGAN<br>900 MAIN ST<br>SAFETY HARBOR FL 34695 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPAULDING, ROBERT<br>900 MAIN ST.<br>SAFETY HARBOR FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D JACK GODDARD<br>900 MAIN ST<br>SAFETY HARBOR FL 34695 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HENDERSON, DAVID<br>900 MAIN ST.<br>SAFETY HARBOR FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 900001901289<br>-07/23/96--01030--029<br>***61.25 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEIDLEN, THOMAS<br>900 MAIN ST.<br>SAFETY HARBOR FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D THOMAS SEIDLER<br>900 MAIN ST<br>SAFETY HARBOR FL ☒ Change ☐ Addition |

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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:** [signature] GEORGE GLAUM 6/13/96 813-726-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #