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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 06/15/1965
3a. Date of Last Report: 07/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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

PAIRADEE, ARCHIE R JR.
900 MAIN STREET
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 James R Morgan COMMANDER 6-26-97
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	P	☒ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	PAIRADEE, ARCHIE R JR.		1.2 NAME	MORGAN JAMES	
STREET ADDRESS	900 MAIN ST.		1.3 STREET ADDRESS	900 MAIN ST	
CITY-ST-ZIP	SAFETY HARBOR FL 33570-0246		1.4 CITY-ST-ZIP	SAFETY HBR FL 34695	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GLAUM, GEORGE		2.2 NAME	PAIRADEE ARCHIE JR	
STREET ADDRESS	900 MAIN ST.		2.3 STREET ADDRESS	900 MAIN ST	
CITY-ST-ZIP	SAFETY HARBOR FL 33570-0246		2.4 CITY-ST-ZIP	SAFETY HBR FL 34695	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, JAMES		3.2 NAME		
STREET ADDRESS	900 MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 33570-0246		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GODDARD, JACK		4.2 NAME		
STREET ADDRESS	900 MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 33570-0246		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, DAVID		5.2 NAME		
STREET ADDRESS	900 MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEIDLER, THOMAS		6.2 NAME		
STREET ADDRESS	900 MAIN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 33570-0246		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 James R Morgan COMMANDER 6/26/97 813 726-9401