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03-09-1999 90049 035 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709130

1. Corporation Name

SAFETY HARBOR POST #238 INCORPORATED, THE AMERICAN LEGION, SAFETY HARBOR, FLORIDA

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/15/1965

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PAIRADEE, ARCHIE R JR**
STREET ADDRESS **900 MAIN ST**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **D** ☐ DELETE
NAME **GREEN, DARLIS**
STREET ADDRESS **900 MAIN STREET**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **FO** ☒ DELETE
NAME **TOOKER, CHARLES**
STREET ADDRESS **900 MAIN STREET**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☐ DELETE
NAME **GODDARD, JACK**
STREET ADDRESS **900 MAIN ST.**
CITY-ST-ZIP **SAFETY HARBOR FL 33570-0246**

TITLE **D** ☐ DELETE
NAME **HENDERSON, DAVID**
STREET ADDRESS **900 MAIN ST.**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **FO** ☐ DELETE
NAME **GEORGE BURKE**
STREET ADDRESS **900 MAIN ST**
CITY-ST-ZIP **SAFETY HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)