FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 715407 (3)

1. Corporation Name

NEWBERRY POST NO. 149, THE AMERICAN LEGION, DEPA RTMENT OF FLORIDA

Principal Place of Business	Mailing Address
26821 W NEWBERRY ROAD NEWBERRY FL 32669 US	PO BOX 1 NEWBERRY FL 32669 US

3. Date Incorporated or Qualified: **10/11/1968**

3a. Date of Last Report: **04/12/1995**

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: **59-6200333** ☐ 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**

BOZEMAN, S.T. JR.
11018 NEWBERRY RD.
GAINESVILLE FL 32606

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOZEMAN, S.T. JR.		1.2 NAME		
STREET ADDRESS	11018 NEWBERRY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARLOWE, HERBERT A.		2.2 NAME		
STREET ADDRESS	25511 SW 30 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAIRD, JOHNY W		3.2 NAME		
STREET ADDRESS	194 S.W. 9TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, MARION L. SR.		4.2 NAME		
STREET ADDRESS	3411 NW 170 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PHILPOT, HAROLD W.		5.2 NAME		
STREET ADDRESS	22426 S.W. 46TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DORAN, DENNIS A		6.2 NAME		
STREET ADDRESS	4209 S.W. 266TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: S. T. Bozeman, Jr. 1/23/96 352-332-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #