# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 30, 2004 8:00 am**
**Secretary of State**
03-30-2004 90002 039 ****61.25

DOCUMENT # 716081

1. Entity Name
LEESBURG MEMORIAL POST NO. 52
DEPARTMENT OF FL.
THE AMERICAN LEGION

54024112

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| THE AMERICAN LEGION INC | THE AMERICAN LEGION INC. |
| Suite, Apt. #, etc. 300 N. THIRD STREET | Suite, Apt. #, etc. 300 N. THIRD STREET |
| City & State LEESBURG. FL. | City & State LEESBURG FL. |
| Zip 34748 Country LAKE | Zip 34748 Country LAKE |

4. FEI Number 59-6200815 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Name WILLIAMS, ALBERT

Street Address (P.O. Box Number is Not Acceptable) 4538 N LEE 33RD LN.

City WILDWOOD, FL. **FL** Zip Code 34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ALBERT WILLIAMS 3-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25**
**Initial or Amended UBR**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | COMMANDER - D |
| NAME | WILLIAMS, ALBERT |
| STREET ADDRESS | 4538 N. LEE 33RD LN |
| CITY-ST-ZIP | WILDWOOD. FL. 34785 |
| TITLE | FINANCE OFFICER - D |
| NAME | TURNBULL, JAMES R. |
| STREET ADDRESS | 163 BAY ROAD |
| CITY-ST-ZIP | MOUNT DORA, FL. 32757 |
| TITLE | VICE COMMANDER - D |
| NAME | EVANS, ROBERT |
| STREET ADDRESS | 15053 VIRNIA DR |
| CITY-ST-ZIP | TAVARES, FL. 32778 |
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CR2E037B (12/02)

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert H Williams ALBERT H. WILLIAMS 3-20-04 352 787-3511