

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 1-25-96 B-

0286 C  
(3)

DOCUMENT # 724647

1. Corporation Name

ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.



Principal Place of Business

Mailing Address

HWY 301 & HANNAWAY DR  
PO BOX 507  
RIVERVIEW FL 33569-0507

HWY 301 & HANNAWAY DR  
PO BOX 507  
RIVERVIEW FL 33569-0507

3. Date Incorporated or Qualified  
10/26/1972

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-6200875

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

10. Name and Address of New Registered Agent

ZIRKLER, GARY L  
9909 ALAFIA VISTA ST  
LOT 185  
GIBSONTON FL 33534

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 Gary L Zirkler, TA

*Gary L Zirkler*

16 Jan 1996

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

(Typed or Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBERT, MOORE	
STREET ADDRESS	12102 EDGEKNOLL RD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	TVC	<input type="checkbox"/> DELETE
NAME	DUNN, ROGER C	
STREET ADDRESS	1621 FEATHERBAND DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	JA	<input checked="" type="checkbox"/> DELETE
NAME	MOSLEY, JOHN H.	
STREET ADDRESS	9902 LORROYNE RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	FOD	<input type="checkbox"/> DELETE
NAME	ARMENTROUT, DAVID	
STREET ADDRESS	9203 RONN ST.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TA	<input type="checkbox"/> DELETE
NAME	ZIRKLER, GARY L	
STREET ADDRESS	9909 ALAFIA VISTA ST	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHLARBAUM, CHUCK	
STREET ADDRESS	P.O. BOX 2414 N/A	
CITY-ST-ZIP	RIVERVIEW FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JA
33 STREET ADDRESS	Jimmie Clark
34 CITY-ST-ZIP	P.O.Box 2551
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Riverview, FL.33569
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: Gary L Zirkler

*Gary L Zirkler*

16 Jan 1996

813-677-6529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)