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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 724647 (3)

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 33568-0507

3. Date Incorporated or Qualified  
10/26/1972

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  DELETE  
NAME ROBERT, MOORE  
STREET ADDRESS 12102 EDGEKNOLL RD  
CITY-ST-ZIP RIVERVIEW FL

1.1 TITLE  Change  Addition  
1.2 NAME CD  
1.3 STREET ADDRESS Roger C Dunn  
1.4 CITY-ST-ZIP 1621 Featherband DR.  
VALRICO FL 33594

TITLE TVC  DELETE  
NAME CLARK, JIMMIE  
STREET ADDRESS PO BOX 2551 N/A  
CITY-ST-ZIP VALRICO FL

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

TITLE JA  DELETE  
NAME MOSLEY, JOHN H.  
STREET ADDRESS 9902 LORROYNE RD.  
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE FOD  DELETE  
NAME ARMENTROUT, DAVID  
STREET ADDRESS 9203 RONN ST.  
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE TA  DELETE  
NAME ZIRKLER, GARY L  
STREET ADDRESS 9909 ALAFIA VISTA ST  
CITY-ST-ZIP GIBSONTON FL

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

TITLE T  DELETE  
NAME SCHLARBAUM, CHUCK  
STREET ADDRESS P.O. BOX 2414 N/A  
CITY-ST-ZIP RIVERVIEW FL

6.1 TITLE  Change  Addition  
6.2 NAME Richard Pflug  
6.3 STREET ADDRESS P.O. Box 2035 N/A  
6.4 CITY-ST-ZIP Gibsonton, FL 33534

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(j), 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

4 Feb 97

813-677-6529

CR2E037 (9/96)