

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90049 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

212011-90113-44



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/26/1972
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6200875
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ZIRKLER, GARY L
 9909 ALAFIA VISTA ST
 LOT 185
 GIBSONTON FL 33534

10. Name and Address of New Registered Agent
 81 Name **Roger C. Dunn**
 82 Street Address (P.O. Box Number is Not Acceptable)
1621 Featherband Drive
 83
 84 City **Valrico** 85 Zip Code **FL**

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 Roger C. Dunn **DUNN ROGER C.** DATE 24 Mar 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, ROGER C	1.2 NAME	Richard Pflug
STREET ADDRESS	1621 FEATHERBAND DR	1.3 STREET ADDRESS	12511 Tocci Lane
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	Riverview, Florida 33569
TITLE	TVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JIMMIE	2.2 NAME	Richard Phillips
STREET ADDRESS	PO BOX 2551	2.3 STREET ADDRESS	10316 Oak Forest Drive
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	Riverview, Florida- 33569
TITLE	JA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, JOHN H.	3.2 NAME	Bill Rehanek
STREET ADDRESS	9902 LORROYNE RD.	3.3 STREET ADDRESS	10101 Bell Creek Drive
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	Riverview, Florida 33569
TITLE	FOD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENROUT, DAVID	4.2 NAME	
STREET ADDRESS	9203 RONN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	4.4 CITY-ST-ZIP	
TITLE	TA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIRKLER, GARY L	5.2 NAME	Roger C. Dunn
STREET ADDRESS	9909 ALAFIA VISTA ST	5.3 STREET ADDRESS	1621 Featherband Drive
CITY-ST-ZIP	GIBSONTON FL	5.4 CITY-ST-ZIP	Valrico, Florida 33594
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLUG, RICHARD	6.2 NAME	Thomas Horman
STREET ADDRESS	PO BOX 2035 N/A	6.3 STREET ADDRESS	12712 Balm Riverview Rd
CITY-ST-ZIP	GIBSONTON FL	6.4 CITY-ST-ZIP	Riverview, Florida 33569

14. 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 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: Roger C. Dunn **SIGNATURE REQUIRED** DATE 2/2/99 677-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)