

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90122 013 ****61.25

DOCUMENT # 724647

1. Entity Name

ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMEN

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, ROGER C
1621 FEATHERBAND DRIVE
VALRICO FL 33534

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete
 NAME **PFLUG, RICHARD**
 STREET ADDRESS **12511 TOCCI LANE**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **CD** Change Addition
 NAME **Dunn, Roger C.**
 STREET ADDRESS **1621 Featherband Dr.**
 CITY-ST-ZIP **Valrico, Fl. 33594**

TITLE **TVC** Delete
 NAME **PHILLIPS, RICHARD**
 STREET ADDRESS **10316 OAK FOREST DRIVE**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **TVC** Change Addition
 NAME **Strykowski, Stanley J.**
 STREET ADDRESS **309 Abyhara Ave**
 CITY-ST-ZIP **Seffner, Fl. 33584**

TITLE **JA** Delete
 NAME **REHANEK, BILL**
 STREET ADDRESS **10101 BELL CREEK DRIVER**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **JA** Change Addition
 NAME **Bell, John**
 STREET ADDRESS **1633 Elk Spring Dr.**
 CITY-ST-ZIP **Brandon, Fl. 33511**

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

TITLE **FOD** Change Addition
 NAME **Armentrout, David**
 STREET ADDRESS **9203 Ronn ST.**
 CITY-ST-ZIP **Riverview, Fl. 33569**

TITLE **TA** Delete
 NAME **DUNN, ROGER C**
 STREET ADDRESS **1621 FEATHERBAND DRIVER**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **TA** Change Addition
 NAME **Anderson, Jimmy**
 STREET ADDRESS **8022 Hancock Dr.**
 CITY-ST-ZIP **Riverview, Fl. 33569**

TITLE **T** Delete
 NAME **HORMAN, THOMAS**
 STREET ADDRESS **12712 PALM RIVERVIEW RD**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **T** Change Addition
 NAME **Beatty, Roland**
 STREET ADDRESS **3857 Bellewater Blvd**
 CITY-ST-ZIP **Riverview, Fl. 33569**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER C DUNN **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 01 **813-677-6529**
 Date Daytime Phone #

CR2E037 (10/00)