

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724647</b> 1. Entity Name ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.	
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Principal Place of Business HWY 301 & HANNAWAY DR PO BOX 507 RIVERVIEW FL 33569-0507	Mailing Address HWY 301 & HANNAWAY DR PO BOX 507 RIVERVIEW FL 33569-0507
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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MOORE ..... CR2E037 (11/03)

4. FEI Number 59-6200875	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BELL, JOHN P 1633 ELK SPRING DR. BRANDON FL 33511	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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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: *J. Bell* DATE: 1-25-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A MOORE, ROBERT E <input type="checkbox"/> Delete 12102 EDGEKNOLL DR. RIVERVIEW FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BEATTY, ROLAND <input type="checkbox"/> Delete 3857 BELLEWATER BLVD RIVERVIEW FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JA BELL, JOHN <input type="checkbox"/> Delete 1633 ELK SPRING DR BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB PFLUG, RICHARD <input type="checkbox"/> Delete 12511 TOCCI LANE RIVERVIEW FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000034017 02/05/04-80067-004 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *J. Bell* 1-25-04 679-6529  
Signature, typed or printed name of signing officer or director