


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 724647

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



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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DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6200875	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JOHN P
 1633 ELK SPRING DR.
 BRANDON, FL 33511

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	A MOORE, ROBERT E 12102 EDGEKNOLL DR. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BEATTY, ROLAND 3857 BELLEWATER BLVD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JA BELL, JOHN 1633 ELK SPRING DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB PFLUG, RICHARD 12511 TOCCI LANE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/28/05-80004-016 70.00

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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: Robert E Moore ROBERT, E. MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813 677 6529 7/10/05