

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90048 042 ****61.25

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6200875

Applied For

Not Applicable

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

HOSFORD, STEVE
9803 LARITA PL
RIVERVIEW FL 33569

Name

KEN FERRIN

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

3502 YALE CIRCLE

City

RIVERVIEW

FL

Zip Code

33569

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

Ken Ferrin

COMMANDER

1-18-07

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---|--|
| NAME | A | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | SCLASBAUM, CHUCK | |
| CITY-STATE-ZIP | P.O. BOX 2414 RIVERVIEW FL 33568 | |
| NAME | T | <input type="checkbox"/> Delete |
| STREET ADDRESS | AMOS, JOE | |
| CITY-STATE-ZIP | 6004 PALOMA RD LITHIA FL 33547 | |
| NAME | FIN | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | HOSFORD, STEVE | |
| CITY-STATE-ZIP | 9803 LA RITA RIVERVIEW FL 33569 | |
| NAME | JA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | HORMAN, THOMAS | |
| CITY-STATE-ZIP | 12714 BARN RIVERVIEW RD RIVERVIEW FL 33569 | |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|--|
| NAME | AGANT/COMMANDER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | KEN FERRIN | |
| CITY-STATE-ZIP | 3502 YALE CIRCLE RIVERVIEW, FL. 33569 | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| NAME | FIN. OFF. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | ROBERT UNDERHILL | |
| CITY-STATE-ZIP | 8203 FANTASIA RIVERVIEW, FL. 33569 | |
| NAME | J.A. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | ROBERT GRAMPRIE | |
| CITY-STATE-ZIP | 11411 MEMMELLEN LOOP RIVERVIEW, FL 33569 | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **KEN FERRIN** *Ken Ferrin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

813-677-6529

Date

Daytime Phone #