

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725152** (3)

1. Corporation Name

TAMPA WOMEN'S POST NO. 134 OF THE AMERICAN LEGIO N, DEPARTMENT OF FLORIDA, INC.



Principal Place of Business	Mailing Address
AMERICAN LEGION. DEPT. OF FLA. INC. 4306 SOUTH ANITA BOULEVARD TAMPA FL. 33611	AMERICAN LEGION. DEPT. OF FLA. INC. 4306 SOUTH ANITA BOULEVARD TAMPA FL. 33611

3. Date Incorporated or Qualified 12/29/1972	3a. Date of Last Report 04/10/1995
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6150408	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28		
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	24	25	29
24	25	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EILENBERGER, NELLIE L.
4306 SOUTH ANITA BOULEVARD
TAMPA FL. FL 33611**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUKOMAMOVICH, BERTHA	1.2 NAME	
STREET ADDRESS	4000 E FLETCHER APT 107J	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDISILL, NANCY E.	2.2 NAME	
STREET ADDRESS	1816 E. YUKON	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, LEILA R	3.2 NAME	
STREET ADDRESS	4540 N BETHLEHEM RD 3B	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILENBERGER, NELLIE L	4.2 NAME	
STREET ADDRESS	4306 SOUTH ANITA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILENBERGER, NELLIE L	5.2 NAME	
STREET ADDRESS	4306 S ANITA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, REBECCA J	6.2 NAME	
STREET ADDRESS	5501 SEMINOLE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Rebecca J. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 (813) 837-5751
Date Day/Time Phone #

CR2E037 (12/95)