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**Feb 18 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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. 33611-1114

3. Date Incorporated or Qualified  
**12/29/1972**

3a. Date of Last Report  
**02/27/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-6150408**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D**  
STREET ADDRESS **VUKOMAMOVICH, BERTHA**  
CITY-ST-ZIP **4000 E FLETCHER APT 107J  
TAMPA, FL 00000**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D**  
STREET ADDRESS **RUDISILL, NANCY E.**  
CITY-ST-ZIP **1816 E. YUKON  
TAMPA, FL 00000**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D**  
STREET ADDRESS **BARBER, LEILA R**  
CITY-ST-ZIP **4540 N BETHLEHEM RD 3B  
PLANT CITY FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **V**  
STREET ADDRESS **EILENBERGER, NELLIE L**  
CITY-ST-ZIP **4306 SOUTH ANITA BLVD  
TAMPA, FL 00000**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **P**  
STREET ADDRESS **EILENBERGER, NELLIE L**  
CITY-ST-ZIP **4306 S ANITA BLVD  
TAMPA, FL 00000**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **T**  
STREET ADDRESS **ANDERSON, REBECCA J**  
CITY-ST-ZIP **5501 SEMINOLE AVE  
TAMPA, FL 00000**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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* **REBECCA J. ANDERSON** 2-1-97 813-237-5751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047850

CR2E037 (9/96)