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**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725152 (3)
1. Corporation Name
TAMPA WOMEN'S POST NO. 134 OF THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.



Principal Place of Business AMERICAN LEGION, DEPT. OF FLA. INC. 4306 SOUTH ANITA BOULEVARD TAMPA FL. 33611	Mailing Address AMERICAN LEGION, DEPT. OF FLA. INC. 4306 SOUTH ANITA BOULEVARD TAMPA FL. 33611
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3. Date incorporated or Qualified 12/29/1972	
4. FEI Number 59-6150408	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**EILENBERGER, NELLIE L.
4306 SOUTH ANITA BOULEVARD
TAMPA FL. FL 33611**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VUKOMAMOVICH, BERTHA	
STREET ADDRESS	4000 E FLETCHER APT 107J	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDISILL, NANCY E.	
STREET ADDRESS	1816 E. YUKON	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, LEILA R	
STREET ADDRESS	4540 N BETHLEHEM RD 3B	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EILENBERGER, NELLIE L	
STREET ADDRESS	4306 SOUTH ANITA BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EILENBERGER, NELLIE L	
STREET ADDRESS	4306 S ANITA BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDERSON, REBECCA J	
STREET ADDRESS	5501 SEMINOLE AVE	
CITY-ST-ZIP	TAMPA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** 2-26-98 (813) 237-5751

CR2E037 (10/97)