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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725152

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/29/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6150408
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

FL

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

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 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, with all other like empowered.

SIGNATURE: *Rebecca J. Anderson* SIGNATURE REQUIRED: *REBECCA J. ANDERSON* 3/21/99 (813)237-5751
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)