


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 725152					
1. Entity Name TAMPA WOMEN'S POST NO. 134 OF THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.					
Principal Place of Business 5501 SEMINOLE AVENUE TAMPA FL 33604			Mailing Address 5501 SEMINOLE AVENUE TAMPA FL 33604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6150408	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent EILENBERGER, NELLIE L. 4306 SOUTH ANITA BOULEVARD TAMPA FL 33611			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	VUKOMAMOVICH, BERTHA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4000 E FLETCHER APT 107J		NAME	
STREET ADDRESS		TAMPA FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	U00000054738 02/17/04-80008-017 61.25
TITLE	D	RUDISILL, NANCY E.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1816 E. YUKON		NAME	
STREET ADDRESS		TAMPA FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	BARBER, LEILA R	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4540 N BETHLEHEM RD 3B		NAME	
STREET ADDRESS		PLANT CITY FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	EILENBERGER, NELLIE L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4306 SOUTH ANITA BLVD		NAME	
STREET ADDRESS		TAMPA FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	P	EILENBERGER, NELLIE L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4306 S ANITA BLVD		NAME	
STREET ADDRESS		TAMPA FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T	ANDERSON, REBECCA J	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5501 SEMINOLE AVE		NAME	
STREET ADDRESS		TAMPA FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rebecca J. Anderson* **REBECCA J. ANDERSON** 2/12/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR