

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90010 024 ****61.25

DOCUMENT # 732889

1. Entity Name

**AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,
 DEPARTMENT OF FLORIDA**

Principal Place of Business

Mailing Address

P.O. BOX #53
 SANFORD FL 32772

P.O. BOX #53
 SANFORD FL 32772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRIN, KENNETH
 50 DOWNING ST
 SANFORD FL 32771**

Name

EDWARD R. HERALD

Street Address (P.O. Box Number is Not Acceptable)

308 BENT WAY LANE

City

LAKE MARY

FL

Zip Code
32746

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.

SIGNATURE

Edward R. Herald

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-16-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	FERRIN, KENNETH	
STREET ADDRESS	50 DOWNING ST	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BISHOP, DOUG	
STREET ADDRESS	P.O. BOX 2464	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	AD	<input type="checkbox"/> Delete
NAME	GRAHAM, CHARLES B	
STREET ADDRESS	855 SILVERADO COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELTON, RICHARD SR	
STREET ADDRESS	134 HACIENDA VLG	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HERALD, EDWARD R	
STREET ADDRESS	308 BENT WAY LN	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DARLIN, LARRY	
STREET ADDRESS	104 HAZEL BLVD	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERALD EDWARD R.	
STREET ADDRESS	308 BENT WAY LANE.	
CITY-ST-ZIP	LAKE MARY FL. 32746	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN KOVAL	
STREET ADDRESS	1415 ARBORHOUSE CT.	
CITY-ST-ZIP	LONGWOOD FL. 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM SMITH	
STREET ADDRESS	114 E. JINKINS CIRCLE	
CITY-ST-ZIP	SANFORD F. 32773	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER WALLEY	
STREET ADDRESS	1907 S. MAGNOLIA AVE.	
CITY-ST-ZIP	SANFORD FL. 32773	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY HOLT	
STREET ADDRESS	880 CROWS BLUFF LN.	
CITY-ST-ZIP	SANFORD FL. 32773	

12. 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 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:

Charles B. Graham
CHARLES B. GRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 - 407-322-1652

Date

Daytime Phone #

CR2E037 (9/01)