


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90372 001 ****61.25

DOCUMENT # 732889					
1. Entity Name AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC., DEPARTMENT OF FLORIDA					
Principal Place of Business P.O. BOX #53 SANFORD, FL 32772		Mailing Address 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	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERALD, EDWARD R 308 BENT WAY LANE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name FERRIN KENNETH Street Address (P.O. Box Number is Not Acceptable) 50 DOWNING ST. City SANFORD 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Kenneth Ferrin</i> DATE: 4-26-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	CD HERALD, EDWARD R 308 BENT WAY LANE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERRIN KENNETH 50 DOWNING ST. SANFORD FL, 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KOVAL, JOHN 1415 ARBORHOUSE CT LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HERALD EDWARD R. 308 BENT WAY LANE LAKE MARY FL, 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD GRAHAM, CHARLES B 855 SILVERADO COURT LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLT, MARY 880 CROWS BLUFF L SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SPANGLER, WALLEY 1907 S MAGNOLIA AVENUE SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FERRIN, KENNETH 50 DOWNING ST SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Charles B. Graham</i>			Date: 4-29-04 Daytime Phone #: 407-322-1652		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

44042400



03302004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

HERALD, EDWARD R
308 BENT WAY LANE
LAKE MARY, FL 32746

Name
FERRIN KENNETH

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

50 DOWNING ST.

City
SANFORD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth Ferrin

4-26-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
HERALD, EDWARD R
308 BENT WAY LANE
LAKE MARY, FL 32746

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
FERRIN KENNETH
50 DOWNING ST.
SANFORD FL, 32773

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VC
KOVAL, JOHN
1415 ARBORHOUSE CT
LONGWOOD, FL 32750

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VC
HERALD EDWARD R.
308 BENT WAY LANE
LAKE MARY FL, 32746

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AD
GRAHAM, CHARLES B
855 SILVERADO COURT
LAKE MARY, FL 32746

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HOLT, MARY
880 CROWS BLUFF L
SANFORD, FL 32773

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VC
SPANGLER, WALLEY
1907 S MAGNOLIA AVENUE
SANFORD, FL 32773

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

TR
FERRIN, KENNETH
50 DOWNING ST
SANFORD, FL 32773

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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SIGNATURE:

Charles B. Graham

4-29-04

Daytime Phone # 407-322-1652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #