

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742713 (1)

1. Corporation Name

**U S S TAMPA POST NO. 5 AMERICAN LEGION, DEPARTME
NT OF FLORIDA**



Principal Place of Business

Mailing Address

**3810 W. KENNEDY BLVD.
TAMPA FL 33609**

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TAMPA FL 33609**

3. Date Incorporated or Qualified
05/05/1978

3a. Date of Last Report
04/07/1995

21. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-6151003

Applied For
Not Applicable

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip

25. Country

28. Zip

29. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONFORT, WILLIAM E.
4410 N. 'B' ST.
TAMPA FL 33609**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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

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

(NOTE: Registered Agent signature required when non-existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD GRECO, JOE**
STREET ADDRESS **3015 W CASS ST**
CITY-ST-ZIP **TAMPA FL**

11 TITLE Change Addition
12 NAME **PD PITTS, IRA L.**
13 STREET ADDRESS **313 S. BUNGALOW**
14 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE DELETE
NAME **VD MCCOY, HARVIE LEE**
STREET ADDRESS **3108 N B STREET**
CITY-ST-ZIP **TAMPA FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME **TD HALL, DAN**
STREET ADDRESS **3914 OKLAHOMA AVENUE**
CITY-ST-ZIP **TAMPA FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 **DANEIL W. HALL TD**

SIGNATURE: *Daneil W. Hall TD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 889-0537

Date Daytime Phone #

CR2E037 (12/95)