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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

3810 W. KENNEDY BLVD.
TAMPA FL 33609-2720

3. Date Incorporated or Qualified
05/05/1978

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

WILLIAM E MONFORT, POST ADJUTANT

William E Monfort

3/26/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GRECO, JOE
STREET ADDRESS 3015 W CASS ST
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

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

TITLE TD ☐ DELETE

NAME HALL, DAN
STREET ADDRESS 3914 OKLAHOMA AVENUE
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE

NAME PITTS, IRA L
STREET ADDRESS 313 S BUNGALOW
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

SIGNATURE:

Herbert R Springston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT R SPRINGSTON, COMMANDER

Mar 22, 97

Date

Daytime Phone: 0047634

CR2E037 (9/96)