

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742713 (1)
1. Corporation Name
U S S TAMPA POST NO. 5 AMERICAN LEGION, DEPARTME NT OF FLORIDA



Principal Place of Business 3810 W. KENNEDY BLVD. TAMPA FL 33609	Mailing Address 3810 W. KENNEDY BLVD. TAMPA FL 33609
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3. Date Incorporated or Qualified
05/05/1978

4. FEI Number
59-6151003

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, ADJUTANT** *William E. Monfort* **3/6/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGSTON, HERBERT R	1.2 NAME	SPRINGSTON, HERBERT R
STREET ADDRESS	4510 S GRADY AVE	1.3 STREET ADDRESS	4510 S GRADY AVE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, HARVE LEE	2.2 NAME	
STREET ADDRESS	3108 N B STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DAN	3.2 NAME	
STREET ADDRESS	3914 OKLAHOMA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, IRA L	4.2 NAME	ROUSH, DEBRA J
STREET ADDRESS	313 S BUNGALOW	4.3 STREET ADDRESS	4320 S LOIS AVE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMBER, HARRY W	5.2 NAME	
STREET ADDRESS	511 LAKEVIEW AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. 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 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* **HERBERT R. SPRINGSTON** **3/5/98** **(813)839-0809**

CP2E037 (10/97)