

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 742713
 1. Entity Name
 U S S TAMPA POST NO. 5 AMERICAN LEGION,
 DEPARTMENT OF FLORIDA



Principal Place of Business Mailing Address
 3810 W. KENNEDY BLVD. 3810 W. KENNEDY BLVD.
 TAMPA, FL 33609 TAMPA, FL 33609



01082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
 59-6151003 Not Applicable

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

6. Name and Address of Current Registered Agent
 HAMBLIN, WILLIAM G
 4405 VASCONIA AVENUE
 TAMPA, FL 33629

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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: *[Signature]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAROLINA, LEROY
STREET ADDRESS	1516 STORINGTON AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	HOOVER, HOWARD.
STREET ADDRESS	4107 LAWN AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	HAMBLIN, WILLIAM G
STREET ADDRESS	4405 VASCONIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	BARBOUR, DENNIS
STREET ADDRESS	7330 SEQUOIA DRIVE
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000412700
 02/10/06-80060-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Date: _____ Daytime Phone: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR