

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 31 AM 8:11

DOCUMENT # **744452** (4)

1. Corporation Name

**ANDY ANDERSON POST #125, AMERICAN LEGION, INC.**

Principal Place of Business Mailing Address  
**6440 5TH AVE S 6440 5TH AVE S**  
**ST PETERSBURG FL 33707-2333 ST PETERSBURG FL 33707-2333**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/03/1978** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6136756** Applied For  Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

**LUDWIG, THOMAS F**  
**6740 BOUGAINVILLE AVE S**  
**ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name **EARL F. LOVELL**  
82 Street Address (P.O. Box Number is Not Acceptable) **7011 Dartmouth Avenue North**  
83  
84 City **St. Petersburg** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Earl F. Lovell* **EARL F. LOVELL, Post Finance Officer** **9 May, 1995**  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MARRS, BUDDY</b>
STREET ADDRESS	<b>424 72ND ST., N.</b>
CITY-ST-ZIP	<b>ST PETE FL</b>
TITLE	<b>V</b>
NAME	<b>POWER, ROBERT A</b>
STREET ADDRESS	<b>2819 49TH ST S</b>
CITY-ST-ZIP	<b>ST PETE FL</b>
TITLE	<b>V</b>
NAME	<b>CHAFFEE, JERRY G</b>
STREET ADDRESS	<b>5117 TANGERINE AVE S</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>TD</b>
NAME	<b>REDNER, ABRAM</b>
STREET ADDRESS	<b>2321 49TH ST S</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>SD</b>
NAME	<b>WALKER, ROBERT C</b>
STREET ADDRESS	<b>7108 CENTRAL AVE NO 3</b>
CITY-ST-ZIP	<b>ST PETE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Commander PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Thomas F. Ludwig</b>
13 STREET ADDRESS	<b>6740 Bougainvillea Avenue South</b>
14 CITY-ST-ZIP	<b>St. Petersburg, FL 33707</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<b>Post Finance Officer TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Earl F. Lovell</b>
43 STREET ADDRESS	<b>7011 Dartmouth Ave North</b>
44 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: *Earl F. Lovell* **Earl F. Lovell, Post Finance Officer** **813 347-6085**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type on Press #)