

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

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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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARRS, BUDDY 424 72ND ST., N. ST PETE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWER, ROBERT A 2819 49TH ST S ST PETE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAFFEE, JERRY G 5117 TANGERINE AVE S GULFPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REDNER, ABRAM 2321 49TH ST S GULFPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, ROBERT C 7108 CENTRAL AVE NO 3 ST PETE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Commander PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas F. Ludwig 6740 Bougainvillea Avenue South St. Petersburg, FL 33707
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Post Finance Officer TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Earl F. Lovell 7011 Dartmouth Ave North St. Petersburg, FL 33710
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 9 May, 1995 **813 347-6085**
(Signature and typed or printed name of signing officer or director) Date Telephone #