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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 744452 (4)
1. Corporation Name
ANDY ANDERSON POST #125, AMERICAN LEGION, INC.



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

3. Date Incorporated or Qualified 10/03/1978
3a. Date of Last Report 05/01/1996

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

4. FEI Number 59-6136756 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LOVELL, EARL F
5609 21 AVE S
GULFPORT FL 33707
10. Name and Address of New Registered Agent
81 Name WALTER, ELMO J. JR.
82 Street Address (P.O. Box Number is Not Acceptable) 2150 55th St, N.
83
84 City St Petersburg FL 85 Zip Code 33710

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 *Elmo J. Walter, Jr.* ELMO J. WALTER, JR. Post Finance Officer April 28, 1997
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	BURHANS, LAWRENCE	1.1 TITLE PD	COMBS, WILLIAM H.
NAME BURHANS, LAWRENCE	6319 4TH AVE S	1.2 NAME	6266 1st Ave, S. Apt 15
STREET ADDRESS ST PETERSBURG FL		1.3 STREET ADDRESS	St Petersburg, FL 33707
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V	MENHYKE, CARL A	2.1 TITLE V	PRODRICK, LAWRENCE G.
NAME MENHYKE, CARL A	2826 DUPONT ST S #2	2.2 NAME	5501 80th St, N. Apt 506
STREET ADDRESS GULFPORT FL		2.3 STREET ADDRESS	St Petersburg, FL 33709
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE V	COMBS, WILLIAM	3.1 TITLE V	PELLETIER, HENRY R.
NAME COMBS, WILLIAM	6286 1ST AVE S #15	3.2 NAME	1902 55th St, S.
STREET ADDRESS GULFPORT FL		3.3 STREET ADDRESS	Gulfport, FL 33707
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	LOVELL, EARL	4.1 TITLE TD	WALTER, ELMO J. JR.
NAME LOVELL, EARL	5609 21 AVE, S	4.2 NAME	2150 55th St, N.
STREET ADDRESS GULFPORT FL		4.3 STREET ADDRESS	St Petersburg, FL 33710
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE SD	MORRISON, JAMES Q	5.1 TITLE	
NAME MORRISON, JAMES Q	6709 CARDINAL DR, S	5.2 NAME	
STREET ADDRESS ST PETE FL		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	WALTER, ELMO J. JR	6.1 TITLE D	BURHANS, LAWRENCE
NAME WALTER, ELMO J. JR	2150 55TH ST N	6.2 NAME	6319 4th Ave, S.
STREET ADDRESS ST PETE FL		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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: *James Q. Morrison* MORRISON, POST ADJUTANT 813-343-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050431

CR2E037 (9/96)