

FILE NOW: FILING FEE IS \$61.25

FILED  
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

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  
TITLE PD BURHANS, LAWRENCE [X] DELETE  
NAME  
STREET ADDRESS 6319 4TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL  
TITLE V MENHYKE, CARL A [X] DELETE  
NAME  
STREET ADDRESS 2826 DUPONT ST S #2  
CITY-ST-ZIP GULFPORT FL  
TITLE V COMBS, WILLIAM [X] DELETE  
NAME  
STREET ADDRESS 6286 1ST AVE S #15  
CITY-ST-ZIP GULFPORT FL  
TITLE TD LOVELL, EARL [X] DELETE  
NAME  
STREET ADDRESS 5609 21 AVE, S  
CITY-ST-ZIP GULFPORT FL  
TITLE SD MORRISON, JAMES Q [ ] DELETE  
NAME  
STREET ADDRESS 6709 CARDINAL DR, S  
CITY-ST-ZIP ST PETE FL  
TITLE D WALTER, ELMO J. JR [X] DELETE  
NAME  
STREET ADDRESS 2150 55TH ST N  
CITY-ST-ZIP ST PETE FL  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD [X] Change [ ] Addition  
1.2 NAME COMBS, WILLIAM H.  
1.3 STREET ADDRESS 6266 1st Ave, S. Apt 15  
1.4 CITY-ST-ZIP St Petersburg, FL 33707  
2.1 TITLE V [X] Change [ ] Addition  
2.2 NAME PRODRICK, LAWRENCE G.  
2.3 STREET ADDRESS 5501 80th St, N. Apt 506  
2.4 CITY-ST-ZIP St Petersburg, FL 33709  
3.1 TITLE V [X] Change [ ] Addition  
3.2 NAME PELLETIER, HENRY R.  
3.3 STREET ADDRESS 1902 55th St, S.  
3.4 CITY-ST-ZIP Gulfport, FL 33707  
4.1 TITLE TD [X] Change [ ] Addition  
4.2 NAME WALTER, ELMO J. JR.  
4.3 STREET ADDRESS 2150 55th St, N.  
4.4 CITY-ST-ZIP St Petersburg, FL 33710  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE D [X] Change [ ] Addition  
6.2 NAME BURHANS, LAWRENCE  
6.3 STREET ADDRESS 6319 4th Ave, S.  
6.4 CITY-ST-ZIP St Petersburg, FL 33707

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502(1), 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: Signature REGALD MORRISON, POST ADJUTANT 813-343-4147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050431

CR2E037 (9/96)