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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

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-6136756	Applied For	Not Applicable
22	Suite, Apt #, etc.	Suite, Apt #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			30			No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOVELL, EARL F 5609 21 AVE S GULFPORT FL 33707				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	85	Zip Code FL 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 6319 4TH AVE S ST PETERSBURG FL	1.1 TITLE	PD COMBS, WILLIAM H. 6266 1st Ave, S. Apt 15 St Petersburg, FL 33707
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V MENHYKE, CARL A 2826 DUPONT ST S #2 GULFPORT FL	2.1 TITLE	V PRODRICK, LAWRENCE G. 5501 80th St, N. Apt 506 St Petersburg, FL 33709
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V COMBS, WILLIAM 6266 1ST AVE S #15 GULFPORT FL	3.1 TITLE	V PELLETIER, HENRY R. 1902 55th St, S. Gulfport, FL 33707
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LOVELL, EARL 5609 21 AVE, S GULFPORT FL	4.1 TITLE	TD WALTER, ELMO J. JR. 2150 55th St, N. St Petersburg, FL 33710
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MORRISON, JAMES Q 6709 CARDINAL DR, S ST PETE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WALTER, ELMO J. JR 2150 55TH ST N ST PETE FL	6.1 TITLE	D BURHANS, LAWRENCE 6319 4th Ave, S.
NAME		6.2 NAME	
STREET ADDRESS		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)