


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744452

1. Corporation Name
ANDY ANDERSON POST #125, AMERICAN LEGION, INC.

Principal Place of Business 6440 5TH AVE S ST PETERSBURG FL 33707-2333	Mailing Address 6440 5TH AVE S ST PETERSBURG FL 33707-2333
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/03/1978
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6136756
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

WALTER, ELMO J JR.
2150 55TH ST N
ST PETERSBURG FL 33710

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
3430 Reserve Circle, N
 83
 84 City **St Petersburg** **FL** 85 Zip Code **33713**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COMBS, WILLIAM H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6266 1RST AVE S APT 15	1.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V PRODRICK, LAWRENCE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5501-80TH-ST-N-APT-506	2.2 NAME	V BIRDSALL, DAVID
STREET ADDRESS	GULFPORT FL	2.3 STREET ADDRESS	1300 DIXIE LANE, S.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	V PELLETIER, HENRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1902 55TH ST	3.2 NAME	
STREET ADDRESS	GULFPORT FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WALTER, ELMO J JR	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2150 55TH ST N	4.2 NAME	3430 RESERVE CIRCLE, N.
STREET ADDRESS	ST PETERSBURG FL	4.3 STREET ADDRESS	ST PETERSBURG, FL 33713
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MORRISON, JAMES O	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 BANGERT, EDMOND E	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5598 24TH TERRACE N	6.2 NAME	
STREET ADDRESS	ST PETE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Walter Elmo J Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4/25/99 DATE
 DAYTIME PHONE: 727 345 9366 DAYTIME PHONE #

CR2E037 (1/198)