

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90227 025 ****61.25

0042037

DOCUMENT # 744452

1. Entity 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

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER, ELMO J JR.
3430 RESERVE CIR
ST PETERSBURG FL 33713

Name **ELMO J. WALTER**

Street Address (P.O. Box Number is Not Acceptable)

2801 27th Ave North

City **ST. Petersburg FL** Zip Code **33713**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Elmo J. Walter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/25/2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **WALTER, ELMO J JR**
 STREET ADDRESS **3430 RESERVE CIR**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **2801 27th Ave N**
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **BIRDSALL, DAVID**
 STREET ADDRESS **1300 DIXIE LANE S**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WALTER, ELMO J JR.**
 STREET ADDRESS **3430 RESERVE CIR.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MORRISON, JAMES Q**
 STREET ADDRESS **6709 CARDINAL DR, S**
 CITY-ST-ZIP **ST PETE FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **COMBS, WILLIAM H**
 STREET ADDRESS **6266 1ST. AVE. S. APT. #15**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elmo J. Walter

6/25/2002

CR2E037 (9/01)