

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 771311 (8)**

1. Corporation Name  
**TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.**



Principal Place of Business <b>11211 SHELDON RD TAMPA FL 33626-1708</b>	Mailing Address <b>11211 SHELDON RD TAMPA FL 33626-1708</b>
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3. Date Incorporated or Qualified  
**11/17/1983**

4. FEI Number  
**59-2422604**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MEEKER, DICK**  
**11211 SHELDON RD**  
**TAMPA FL 33626-1708**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL** **85** Zip Code

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		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	NELSON, DENNIS	
STREET ADDRESS	11211 N SHELDON ROAD	
CITY - ST - ZIP	TAMPA FL 33626-4708	
TITLE	PD	<input type="checkbox"/>
NAME	MEEKER, DICK	
STREET ADDRESS	11211 SHELDON RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MORRIS, LINDA	
STREET ADDRESS	11211 N SHELDON ROAD	
CITY - ST - ZIP	TAMPA FL 33626-4708	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	COMMANDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MICHAEL ST JOHN		
1.3 STREET ADDRESS	7519 ARMAND BLVD		
1.4 CITY - ST - ZIP	TAMPA, FL 33615		
2.1 TITLE	ADJUTANT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DEBBIE LAIN		
2.3 STREET ADDRESS	9050 LAKE PLACE LANE		
2.4 CITY - ST - ZIP	TAMPA, FL 33635		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 on an attachment with an address.

SIGNATURE: *Richard A. Meeker* **Richard A. MEEKER** 1-7-98 813-920-3282

CR2E037 (10/97)