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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07892

1. Corporation Name
DALE MABRY POST 139, INC.

Principal Place of Business	Mailing Address
3818 W BAY VISTA AVE TAMPA FL 33611 US	3818 W BAY VISTA AVE TAMPA FL 33611-1229 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/28/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0944529 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KEEL, CLARENCE J JR
4045 HENDERSON BLVD
TAMPA FL 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRONEY, EDWARD E		1.2 NAME		
STREET ADDRESS	4436 W BAY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	JOHNSON, JACK H		2.2 NAME	PINKHAM, AL	
STREET ADDRESS	3818 W BAY VISTA AVENUE		2.3 STREET ADDRESS	3818 W BAY VISTA AVENUE	
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	SVPD	☒ DELETE	3.1 TITLE	SVPD	☐ Change ☒ Addition
NAME	SCHUMACHER, GEORGE		3.2 NAME	DUNN SHIRLEY	
STREET ADDRESS	3818 W BAY VISTA AVENUE		3.3 STREET ADDRESS	3818 W BAY VISTA AVENUE	
CITY-ST-ZIP	TAMPA FL 33611		3.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	WILLIAMS, JOSEPH E		4.2 NAME	RONEY, JEANNE	
STREET ADDRESS	5002 FAIROAKS AVE, #2		4.3 STREET ADDRESS	3818 W BAY VISTA AVENUE	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	DFO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, KAPLAN		5.2 NAME		
STREET ADDRESS	2912 MARLIN AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			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: SIGNATURE REQUIRED MORRIS KAPLAN 4/30/99 (813)839-6744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)