

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

61.25

DOCUMENT # **N19166**

(0)

1995 MAY

1. Corporation Name

THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4480 N. GOLDENROD ROAD
GOLDENROD FL 32792

4480 N. GOLDENROD ROAD
GOLDENROD FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1987

3a. Date of Last Report

04/28/1994

4. FEI Number

59-6136569

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, FRANK D.
1750 WINDSOR DR.
WINTER PARK FL 32789

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.0505, Florida Statutes.

SIGNATURE

Frank D. Murphy

(NOTE: Registered Agent signature required when re-registering)

5/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MURPHY, FRANK D.
STREET ADDRESS 1750 WINDSOR DR.
CITY-ST-ZIP WINTER PARK FL

11 TITLE Change Addition
12 NAME 000001491800
13 STREET ADDRESS -05/17/95--01142--001
14 CITY-ST-ZIP *****61.25 *****61.25

TITLE SD
NAME REIGN, DAVID J.
STREET ADDRESS 1058 CHESTER FIELD CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VD
NAME COSTELLO, TED J.
STREET ADDRESS 10302 BROWNWOOD AVE.
CITY-ST-ZIP ORLANDO FL

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD
NAME CAPOBIANCO, FAUST J.
STREET ADDRESS BROOKS LANE, BOX 495
CITY-ST-ZIP OVIEDO FL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME *DA*
63 STREET ADDRESS
64 CITY-ST-ZIP *5-1-95*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, or on an address.

SIGNATURE:

Frank D. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/1/95

407-644-6818