

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N19166 (0)

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



Principal Place of Business
4490 N. GOLDENROD ROAD GOLDENROD FL 32792

Mailing Address
4490 N. GOLDENROD ROAD GOLDENROD FL 32792

3. Date Incorporated or Qualified **02/10/1987** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	P.O. Bx 910	4. FEI Number	59-6136569	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	GOLDENROD, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	32733	30	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

g. 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	TED COSTELLO	
				82	Street Address (P.O. Box Number is Not Acceptable)	10302 BROWNWOOD AVENUE	
				83	City	ORLANDO, FL.	
				84	City	FL	85

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: **TED J. COSTELLO, COMMANDER** *Ted J. Costello* **3-12-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY, FRANK D.			1.2 NAME			
STREET ADDRESS	1750 WINDSOR DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	500001746205	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIGN, DAVID J.			2.2 NAME	-03/18/96--01022--012		
STREET ADDRESS	1058 CHESTER FIELD CIRCLE			2.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP	WINTER SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTELLO, TED J.			3.2 NAME			
STREET ADDRESS	10302 BROWNWOOD AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD WALTER GRIFFIN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAPOBIANCO, FAUST J.			4.2 NAME	8222 Deming		
STREET ADDRESS	BROOKS LANE, BOX 495			4.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL			4.4 CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 119.07(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 with an address.

SIGNATURE: **TED COSTELLO** *Ted J. Costello* **1-18-96** **407-273-3456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-15-1996