


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 910 GOLDENROD FL 32733
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3. Date Incorporated or Qualified
02/10/1987

4. FEI Number 59-6136569	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business AMERICAN LEGION POST #112	2a. Mailing Address PO BOX 910
22. Suite, Apt. #, etc. GOLDENROD, FL 32733	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	25. Country
29. Zip	30. Country

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

COSTELLO, TED
10302 BROWNWOOD AVE.
ORLANDO FL 32825-6628

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURPHY, FRANK D.	
STREET ADDRESS	1750 WINDSOR DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REIGN, DAVID J.	
STREET ADDRESS	1058 CHESTER FIELD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTELLO, TED J.	
STREET ADDRESS	10302 BROWNWOOD AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, WALTER	
STREET ADDRESS	8222 DEMING	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED

CR2E037 (10/97)