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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N19166 ✓
 1. Corporation Name
 THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGION OF FLORIDA, INC.

Principal Place of Business Mailing Address
 AMERICAN LEGION POST 112 P.O. BOX 910
 P O BOX 910 GOLDENROD FL 32733
 GOLDENROD FL 32733
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	2b	02/10/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	59-6136569
City & State	City & State	Applied For
3	28	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/>
4	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 WINTER PARK MEMORIAL POST 112
 82 Street Address (P.O. Box Number is Not Acceptable) 4490 N. GOLDENROD ROAD
 83 ROBERT RAINS - COMMANDER
 84 City WINTER PARK FL 85 Zip Code 32792

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 *Frank D. Murphy* DATE 07/01/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	ROBERT S. RAINS
NAME	MURPHY, FRANK D.	1.2 NAME	COMMANDER
STREET ADDRESS	1750 WINDSOR DR.	1.3 STREET ADDRESS	130 ARIA COURT
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK, FL. 32792
TITLE	SD	2.1 TITLE	FINANCE OFFICER
NAME	REIGN, DAVID J.	2.2 NAME	FRANK D. MURPHY
STREET ADDRESS	1058 CHESTER FIELD CIRCLE	2.3 STREET ADDRESS	1750 WINDSOR DR.
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE	PD	3.1 TITLE	ADJUTANT
NAME	COSTELLO, TED J.	3.2 NAME	MARIAN ROBERTS
STREET ADDRESS	10302 BROWNWOOD AVE.	3.3 STREET ADDRESS	2354 FLAMINGO WAY
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	WINTER PARK, FL. 32792
TITLE	TD	4.1 TITLE	D COSTELLO, TED J.
NAME	GRIFFIN, WALTER	4.2 NAME	10302 BROWNWOOD AVE
STREET ADDRESS	8222 DEMING	4.3 STREET ADDRESS	ORLANDO, FL 32825-6628
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D REIGN, DAVID J.
NAME		5.2 NAME	1058 CHESTER FIELD CIRCLE
STREET ADDRESS		5.3 STREET ADDRESS	WINTER SPRINGS FL 32708
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D GRIFFIN, WALTER
NAME		6.2 NAME	8222 DEMING
STREET ADDRESS		6.3 STREET ADDRESS	ORLANDO FL 32825
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: *Frank D. Murphy* DATE 07/01/99 407-644-6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)