

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 015 *****8.75
 04-11-2002 90105 025 *****61.25

DOCUMENT # N19166

1. Entity Name

**THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGI
 ON OF FLORIDA, INC.**

976835



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

AMERICAN LEGION POST 112
 P O BOX 910
 GOLDENROD FL 32733
 US

P.O. BOX 910
 GOLDENROD FL 32733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6136569

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTER PARK MEMORIAL PRK 112
 4490 N. GOLDENROD RD
 ROBERT RAINS-COMMANDER
 WINTER PARK FL 32792

DECEASED

Name

Street Address (P.O. Box Number is Not Acceptable)

4490 N. GOLDENROD RD.

CHARLES KUHN - COMMANDER

City

WINTER PARK

FL

Zip Code

32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CHARLES W. KUHN

Charles W. Kuhn

8-7-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RAINS, ROBERT S	DECEASED
STREET ADDRESS	130 ARLA COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	FO	<input type="checkbox"/> Delete
NAME	MURPHY, FRANK D	
STREET ADDRESS	1750 WINDSOR DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	RYAN, JAMES S	
STREET ADDRESS	114 JUNIPER LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, TED J	
STREET ADDRESS	11329 ALAMEDA SANDRA DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711-6628	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHN, CHARLES W	
STREET ADDRESS	13507 LAKERS COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, WALTER	
STREET ADDRESS	8222 DEMING DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES W. KUHN	
STREET ADDRESS	13507 LAKERS CT	
CITY-ST-ZIP	ORLANDO, FL. 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY SCHOLER	
STREET ADDRESS	3815 EARLSTON CT.	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles W. Kuhn*