


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
**AMERICAN LEGION POST 112  
 P O BOX 910  
 GOLDENROD, FL 32733 US**

Mailing Address  
**P.O. BOX 910  
 GOLDENROD, FL 32733**

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

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  
**KUHN, CHARLES  
 4490 N GOLDENROD RD  
 WINTER PARK, FL 32792**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KUHN, CHARLES W
STREET ADDRESS	13507 LAKERS CT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	FO
NAME	MURPHY, FRANK D
STREET ADDRESS	1750 WINDSOR DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	A
NAME	ROSADO, ANTONIO
STREET ADDRESS	7735 RAVANA DR.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	COSTELLO, TED J
STREET ADDRESS	11329 ALAMEDA SANDRA DRIVE
CITY-ST-ZIP	CLERMONT, FL 347116628
TITLE	D
NAME	MCCORMICK, JOHN
STREET ADDRESS	501 E CHURCH ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	GOMES, MANNY
STREET ADDRESS	361 HIDDEN PINES CIRCLE
CITY-ST-ZIP	CASSELBERRY, FL 32707

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 **CHARLES W. KUHN** 3-4-05 407.380.5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #