FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90076 050 ****61.25

DOCUMENT # N24020

1. Corporation Name
MAYO POST 105 AMERICAN LEGION, INC.

Principal Place of Business	Mailing Address
PO BOX 178 MAYO FL 32066	PO BOX 178 MAYO FL 32066

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
12/21/1987

4. FEI Number
59-6151009
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ADDISON, ROBERT S.
NO. 2 CEDAR DR.
DOWLING PARK FL 32060

10. Name and Address of New Registered Agent

81 Name WILLIAM T. ATWELL
82 Street Address (P.O. Box Number is Not Acceptable) HWY. 51 NORTH
83
84 City MAYO FL 85 Zip Code 32066

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 WILLIAM T. ATWELL AUTHORIZED William T. Atwell 19 March 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MCCRAY, WILLIAM C		1.2 NAME	BLACK, CARLTON L.	
STREET ADDRESS	P.O. BOX 344 N/A		1.3 STREET ADDRESS	RR 3 BOX 318	
CITY-ST-ZIP	MAYO FL		1.4 CITY-ST-ZIP	MAYO FL. 32066	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SESSIONS, LEWIS B		2.2 NAME		
STREET ADDRESS	P.O. BOX 246 HB N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATWELL, WILLIAM T		3.2 NAME		
STREET ADDRESS	PO BOX 317 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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: WILLIAM T. ATWELL SIGNATURE REQUIRED WILLIAM T. ATWELL 19 MARCH 99 904-394-2574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)