# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 23 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49668 (9)

1. Corporation Name

MULBERRY MEMORIAL POST 72 AMERICAN LEGION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 217<br>MULBERRY FL 33860-0217 | P.O. BOX 217<br>MULBERRY FL 33860-0217 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2335319 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SMITH, PERRY J
1307 GLENVIEW LANE
LAKELAND FL 33813

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | C | 1.1 TITLE | ~~C~~ D | ☒ Change ☐ Addition |
| NAME | MALONEY, MICHAEL | 1.2 NAME | WILKERSON, John | |
| STREET ADDRESS | 4646 FOX CREEK DRIVE | 1.3 STREET ADDRESS | 274 LAKE HURON DRIVE | |
| CITY-ST-ZIP | MULBERRY FL | 1.4 CITY-ST-ZIP | Mulberry, FL | |
| TITLE | VC | 2.1 TITLE | ~~VC~~ D | ☒ Change ☐ Addition |
| NAME | WILKERSON, JOHN | 2.2 NAME | PETRAIN, Albert | |
| STREET ADDRESS | 274 LAKE HURON DRIVE | 2.3 STREET ADDRESS | 6015 CREEKwood Dr | |
| CITY-ST-ZIP | MULBERRY FL | 2.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | V | 3.1 TITLE | ~~V~~ D | ☒ Change ☐ Addition |
| NAME | LANE, THOMAS J | 3.2 NAME | Smith, PERRY J | |
| STREET ADDRESS | 690 KIRKLAND | 3.3 STREET ADDRESS | 1307 Glenview LN | |
| CITY-ST-ZIP | BRADLEY FL | 3.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | T | 4.1 TITLE | ~~T~~ FINANCE OFFICER | ☒ Change ☐ Addition |
| NAME | SMITH, PERRY J | 4.2 NAME | Smith, SARAH | |
| STREET ADDRESS | 1307 GLENVIEW LN | 4.3 STREET ADDRESS | 1307 Glenview LN | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | A | 5.1 TITLE | ~~A~~ Adjutant | ☒ Change ☐ Addition |
| NAME | COURTEAU, ROBERT | 5.2 NAME | Mitchell, Terry | |
| STREET ADDRESS | 371 LAKE ERIE LANE | 5.3 STREET ADDRESS | 5148 Cimarron Dr | |
| CITY-ST-ZIP | MULBERRY FL | 5.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sarah B. Smith, Sarah B. Smith 3-1-95 813-646-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060184