

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49668 (9)
1. Corporation Name
MULBERRY MEMORIAL POST 72 AMERICAN LEGION INC.



Principal Place of Business
**P.O. BOX 217
MULBERRY FL 33860-0217**

Mailing Address
**P.O. BOX 217
MULBERRY FL 33860-0217**

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
03/23/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2335319		Applied For ☐ Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
24	Country	29	Country				

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 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

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	WILKERSON, JOHN	1.2 NAME	
STREET ADDRESS	274 LAKE HURON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PETRAIN, ALBET	2.2 NAME	
STREET ADDRESS	6015 CREEKWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, PERRY J.	3.2 NAME	
STREET ADDRESS	1307 GLENVIEW LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, SARAH	4.2 NAME	
STREET ADDRESS	1307 GLENVIEW LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, JERRY	5.2 NAME	
STREET ADDRESS	5148 CIMARRON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	Ed Willis, Jr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	344 Sunnyhill Ln
			LAKELAND, FL 33803

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)(k), 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**

1-26-96

941-425-0644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)