**FILE NOW: FILING FEE IS $61.25**

# FILED
# Aug 27 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 07/01/1992

4. FEI Number: 59-2335319 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1500 N. Hwy 37 | 26 1500 N. Hwy 37 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: mulberry FL | 28 City & State: mulberry FL |
| 24 Zip: 33860 25 Country: POLK | 29 Zip: 33860 30 Country: POLK |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WILLIS, ED J<br>314 SUNNYHILL LANE<br>LAKELAND FL 33803 | 81 Name: ERNIE Fairley<br>82 Street Address (P.O. Box Number is Not Acceptable): 305 W. Carter Rd<br>83<br>84 City: LAKELAND FL 85 Zip Code: 33813 |

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] Commander 8-24-98
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 | DC | ☐ DELETE | 1.1 TITLE | DC | ☐ Change ☒ Addition |
| NAME | WILLIS, ED J | | 1.2 NAME | ERNIE FAIRLEY | |
| STREET ADDRESS | 314 SUNNYHILL LANE | | 1.3 STREET ADDRESS | 305 W. CARTER RD | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-ST-ZIP | LAKELAND, FL 33813 | |
| TITLE | DFO | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LANGDALE, WAYNE | | 2.2 NAME | | |
| STREET ADDRESS | 1647 MAHAFFEY | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | DVC | ☒ DELETE | 3.1 TITLE | DVC | ☐ Change ☒ Addition |
| NAME | BROOKS, BETTY | | 3.2 NAME | JOHN WILKERSON | |
| STREET ADDRESS | 2503 KYLE ST | | 3.3 STREET ADDRESS | 274 LAKE HURON DR | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4 CITY-ST-ZIP | MULBERRY FL 33860 | |
| TITLE | DVC | ☒ DELETE | 4.1 TITLE | DVC | ☐ Change ☒ Addition |
| NAME | LANE, T.J. | | 4.2 NAME | GLENN HANDLEY | |
| STREET ADDRESS | P.O. BOX 1252 | | 4.3 STREET ADDRESS | 6933 ELEANOR AVE | |
| CITY-ST-ZIP | MULBERRY FL | | 4.4 CITY-ST-ZIP | BRADLEY FL 33835 | |
| TITLE | VCD | ☒ DELETE | 5.1 TITLE | VCD | ☒ Change ☐ Addition |
| NAME | WEEKS, MARTIN D | | 5.2 NAME | ED WILLIS JR | |
| STREET ADDRESS | 1731 HUNTINGTON ST | | 5.3 STREET ADDRESS | 314 SUNNYHILL LN | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | LAKELAND FL 33813 | |
| 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 | | |

CR2E037 (10/97)

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.

SIGNATURE: WAYNE LANGDALE [illegible] Langdale 8-19-98 941-425-0644