## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 19, 2005 8:00 am Secretary of State DOCUMENT # N95000001238 1. Entity Name 08-19-2005 90007 025 \*\*\*\*61.25 TARPON SPRINGS POST 46, THE AMERICAN LEGION, TARPON SPRINGS, FL., INC. Principal Place of Business Mailing Address 1029 GULF RD. WEST P.O. BOX 1355 TARPON SPRINGS FL 34688 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 2nd MOORE CR2E037 (5/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARAPANI, ABE L Street Address (P.O. Box Number is Not Acceptable) 750 BAYSHORE DRIVE TARPON SPRINGS FL: 34689 Zip Code 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 \_ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By September 7, 2005 Trust Fund Contribution. Added to Fees Fiorida Department of State 1,14 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VAUGHAN, TROY Delete TITLE ☐ Addition MICHAEL V. FAKLIS 139 ETARPON AVE TURPON SPRINGO, M. 597 ISLAND DRIVE NAME NAME STREET ADDRESS TARPON SPRINGS FL 34689 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TARAPANI, ABE L TITLE Delete TITLE 750 BAYSHORE DRIVE NAME NAME STREET ADDRESS TARPON SPRINGS FL 34689 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE FAKLIS, MICHAEL Delete TITLE NAME 139 E. TARPON AVENUE NAME STREET ADDRESS TARPON SPRINGS FL 34689 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.

Clar F. Janyou H.
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #