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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 30 AM 9:14

DOCUMENT # 711626 (2)

1. Corporation Name

AUGUSTUS RUSER, JR., POST NO. 273 THE AMERICAN L LEGION, INC.

Principal Place of Business	Mailing Address
600 BLACKHAWK ROAD NORTH MADEIRA BEACH FL 33708	600 BLACKHAWK ROAD NORTH MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1966
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-0707915 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 600 American Legion Dr		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28 Madeira Beach FL 33708		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JEDREY, EDWARD C., JR. 13237 87TH PLACE NORTH SEMINOLE FL 34646	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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERS, DONALD A.	1.2 NAME	
STREET ADDRESS	5248 100 AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELASS PARK FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	JEDREY, EDWARD C JR	2.2 NAME	
STREET ADDRESS	13237 87 PL N	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LEIPMAN, SIDNEY	3.2 NAME	
STREET ADDRESS	6070 80TH ST., N #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, TIMOTHY	4.2 NAME	
STREET ADDRESS	240 BATH CLUB BLVD N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PFOHL, MELVIN R SR	5.2 NAME	
STREET ADDRESS	6480 31ST AVE NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	
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: Edward C Jedrey, Jr. 1/18/95 813-392-7906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058026