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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:04

DOCUMENT # 771311 (8)

1. Corporation Name

TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN L EGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
11211 SHELDON RD TAMPA FL 33626-1708	11211 SHELDON RD TAMPA FL 33626-1708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2422604 ☐ 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

YORK, RON
11211 SHELDON RD
TAMPA FL 33626-1708

10. Name and Address of New Registered Agent

81 Name: DICK MEEKER
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: Dick Meeker 2-1-95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	YORK, RON	1.2 NAME	Remove
STREET ADDRESS	11211 SHELDON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MANNO, FRED	2.2 NAME	Remove
STREET ADDRESS	22322 SHELDON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	IRBY, WILLIAM J	3.2 NAME	
STREET ADDRESS	16122 FOXFIRE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	P/D ☒ Change ☐ Addition
NAME	MEEKER, DICK	4.2 NAME	
STREET ADDRESS	11211 SHELDON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME		5.2 NAME	DON PIERSON
STREET ADDRESS		5.3 STREET ADDRESS	11211 SHELDON ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33626
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: Dick Meeker 2-1-95 920 3282
SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074002