

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 1-25-96 B-

0286 C

DOCUMENT # 724647

1. Corporation Name

ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMEN
T OF FLORIDA, INC.



Principal Place of Business

HWY 301 & HANNAWAY DR
PO BOX 507
RIVERVIEW FL 33569-0507

Mailing Address

HWY 301 & HANNAWAY DR
PO BOX 507
RIVERVIEW FL 33569-0507

3. Date Incorporated or Qualified
10/26/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIRKLER, GARY L
9909 ALAFIA VISTA ST
LOT 185
GIBSONTON FL 33534

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 Gary L Zirkler, TA

Gary L Zirkler

16 Jan 1996

Signature, typed or printed name of registered agent and title if applicable (If not registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD [] DELETE
NAME ROBERT, MOORE
STREET ADDRESS 12102 EDGEKNOLL RD
CITY-ST-ZIP RIVERVIEW FL

TITLE TVC [] DELETE
NAME DUNN, ROGER C
STREET ADDRESS 1621 FEATHERBAND DR
CITY-ST-ZIP VALRICO FL

TITLE JA XX DELETE
NAME MOSLEY, JOHN H.
STREET ADDRESS 9902 LORROYNE RD.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE FOD [] DELETE
NAME ARMENTROUT, DAVID
STREET ADDRESS 9203 RONN ST.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE TA [] DELETE
NAME ZIRKLER, GARY L
STREET ADDRESS 9909 ALAFIA VISTA ST
CITY-ST-ZIP GIBSONTON FL

TITLE T [] DELETE
NAME SCHLARBAUM, CHUCK
STREET ADDRESS P.O. BOX 2414 N/A
CITY-ST-ZIP RIVERVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [] Change [] Addition
32 NAME JA
33 STREET ADDRESS Jimmie Clark
34 CITY-ST-ZIP P.O.Box 2551
Riverview, FL.33569

41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 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)(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: Gary L Zirkler

Gary L Zirkler

16 Jan 1996

813-677-6529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)