

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769153 (8)

1. Corporation Name

FRANK MARSTON POST 33, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business

Mailing Address

1401 W INTENDENCIA ST.
P O BOX 504
PENSACOLA FL 32593-7504

1401 W INTENDENCIA ST.
P O BOX 504
PENSACOLA FL 32593-7504



3. Date Incorporated or Qualified

06/29/1983

3a. Date of Last Report

04/26/1995

4. FEI Number

59-6200799

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

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDDLES, RAYMOND
65 N. 71ST AVE.
PENSACOLA FL 32506**

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

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	PCD	<input checked="" type="checkbox"/> DELETE
NAME	DEESE, JOHN E	
STREET ADDRESS	210 S. SECOND ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, ORVAL R	
STREET ADDRESS	1551 TOMMY LANE	
CITY-ST-ZIP	PENSACOLA FL 32534-1021	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	BULERSON, DOUGLAS	
STREET ADDRESS	1725 E. CERVANTES ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIDDLES, RAYMOND	
STREET ADDRESS	65 N. 71ST AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIDDLES, RAYMOND	
STREET ADDRESS	65 N. 71ST AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELSON, L. A	
STREET ADDRESS	4455 MARLANE DR.	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	POST Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BULERSON, Douglas M.	
1.3 STREET ADDRESS	1725 E. CERVANTES ST.	
1.4 CITY-ST-ZIP	PENSACOLA, FLA 32501	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEESE, John E.	
2.3 STREET ADDRESS	210 S. Second St	
2.4 CITY-ST-ZIP	Pensacola, Fla 32507	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	L.B. Hall	
3.3 STREET ADDRESS	4405 McCallum Rd	
3.4 CITY-ST-ZIP	Pensacola, Fla 32503	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ed Pels	
5.3 STREET ADDRESS	1114 W. Lakewood Ave	
5.4 CITY-ST-ZIP	Pensacola, Fla 32501	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Douglas M. Bulerson

Douglas M. Bulerson

1-23-96

904-469-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)