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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708263 (9)

1. Corporation Name

**THE TAMPA DEPARTMENT CONVENTION CORPORATION THE
AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

17702 SIMMS ROAD
C/O HENRY J BINDER
ODESSA FL 33556

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C/O HENRY J BINDER
ODESSA FL 33556

3. Date Incorporated or Qualified
01/11/1972

3a. Date of Last Report
04/28/1995

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

**BINDER, HENRY J.
17702 SIMMS RD.
ODESSA FL 33556**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
TAYLOR JR, J G
STREET ADDRESS
1400 W FLETCHER AVE
CITY-ST-ZIP
TAMPA, FL 00000

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
BINDER, HENRY J
STREET ADDRESS
17702 SIMMS ROAD
CITY-ST-ZIP
ODESSA, FL 33556

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
CHIPMAN, VIOLA J.
STREET ADDRESS
10814 N. EDISON AVE.
CITY-ST-ZIP
TAMPA FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
PROFFIETT, EDWARD A.
STREET ADDRESS
5119 MURRAY HILL DR
CITY-ST-ZIP
TAMPA FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
DE LONG, DAVID
STREET ADDRESS
4711 EL PRADO BLVD.
CITY-ST-ZIP
TAMPA FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
HALL, DANIEL W. JR.
STREET ADDRESS
3914 OKLAHOMA AVE
CITY-ST-ZIP
TAMPA FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96 813 920-6200

Date

Daytime Phone #

CR2E037 (12/95)