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Jan 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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

Mailing Address

1401 W INTENDENCIA ST.
P O BOX 504
PENSACOLA FL 32593-0504



3. Date Incorporated or Qualified
06/29/1983

3a. Date of Last Report
01/31/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Ed PELS

82 Street Address (P.O. Box Number is Not Acceptable)

1114 W. LAKEVIEW AVE

83

84 City

PENSACOLA

FL

85 Zip Code

32501

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

Ed Pels

Ed Pels

Sec.

1-6-97

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 PC
NAME BURKSON, DOUGLASS M
STREET ADDRESS 1725 E CERVANTES ST.
CITY - ST - ZIP PENSACOLA FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME DEESE, JOHN E
STREET ADDRESS 210 S. SECOND ST
CITY - ST - ZIP PENSACOLA FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VCD
NAME LEE, HALL
STREET ADDRESS 4405 MCCLELLAN RD.
CITY - ST - ZIP PENSACOLA FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TD
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

T.D.
JAMES T. Denny III
305 MANDALAY DR.
PENSACOLA, FL 32507

TITLE SD
NAME PELS, ED
STREET ADDRESS 1114 W. LAKEVIEW AVE
CITY - ST - ZIP PENSACOLA FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME DELSON, L. A
STREET ADDRESS 4455 MARLANE DR.
CITY - ST - ZIP PENSACOLA FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition

D.
CHARLES D. FORD
3211 PATRICIA DR
PENSACOLA, FL 32526

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 404-469-0517

Date

Daytime Phone # 0074864

CR2E037 (9/96)