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Jan 27 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 # 711626 (2)

1. Corporation Name

AUGUSTUS RUSER, JR., POST NO. 273 THE AMERICAN L  
LEGION, INC.

Principal Place of Business

Mailing Address

600 AMERICAN LEGION DRIVE  
MADEIRA BEACH FL 33708  
US

600 AMERICAN LEGION DR  
MADEIRA BEACH FL 33708-2819  
US



3. Date Incorporated or Qualified  
10/13/1966

3a. Date of Last Report  
03/26/1996

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

JEDREY, EDWARD C., JR.  
13237 87TH PLACE NORTH  
SEMINOLE FL 34846-33776-2645

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          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | SUMMERS, DONALD A.      |  |
| STREET ADDRESS | 5248 100 AVE N          |  |
| CITY-ST-ZIP    | PINECLASS PARK FL       |  |
| TITLE          | TD                      | <input type="checkbox"/> DELETE            |
| NAME           | JEDREY, EDWARD C JR     |  |
| STREET ADDRESS | 13237 87 PL N           |  |
| CITY-ST-ZIP    | SEMINOLE FL             |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | MILLER, DAVID C.        |  |
| STREET ADDRESS | 207 BATES AVENUE        |  |
| CITY-ST-ZIP    | INDIAN ROCKS BEACH FL   |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | MCCARTHY, TIMOTHY       |  |
| STREET ADDRESS | 240 BATH CLUB BLVD N.   |  |
| CITY-ST-ZIP    | REDINGTON BEACH FL      |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | PFOHL, MELVIN R SR      |  |
| STREET ADDRESS | 6486 31ST AVE NO        |  |
| CITY-ST-ZIP    | ST PETERSBURG, FL 00000 |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 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: Edward C. Jedrey, Jr. REQUIRED

1/10/97

813-392-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050529

CR2E037 (9/96)