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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771311** (8)

TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN L
EGION, DEPARTMENT OF FLORIDA, INC.



Principal Place of Business 11211 SHELDON RD TAMPA FL 33626-1708		Mailing Address 11211 SHELDON RD TAMPA FL 33626-1708	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		29	
25		30	
3. Date Incorporated or Qualified 11/17/1983		4. FEI Number 59-2422604	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MEEKER, DICK 11211 SHELDON RD TAMPA FL 33626-1708		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	COMMANDER
NAME	NELSON, DENNIS	1.2 NAME	MICHAEL ST JOHN
STREET ADDRESS	11211 N SHELDON ROAD	1.3 STREET ADDRESS	7519 ARMAND BLVD
CITY - ST - ZIP	TAMPA FL 33626-4708	1.4 CITY - ST - ZIP	TAMPA, FL 33615
TITLE	PD	2.1 TITLE	ADJUTANT
NAME	MEEKER, DICK	2.2 NAME	DEBBIE LAIN
STREET ADDRESS	11211 SHELDON RD	2.3 STREET ADDRESS	9050 LAKE PLACE LANE
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA, FL 33635
TITLE	D	3.1 TITLE	
NAME	MORRIS, LINDA	3.2 NAME	
STREET ADDRESS	11211 N SHELDON ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33626-4708	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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, on an attachment with an address.

SIGNATURE: *Richard A. Meeker* 1-7-98 813-9203282

CR2E037 (10/97)