

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90132 018 \*\*\*\*61.25

0051374

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 771311**

1. Corporation Name

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

2a. Mailing Address

3. Date Incorporated or Qualified

11/17/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2422604

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEEKER, DICK  
 11211 SHELDON RD  
 TAMPA FL 33626-1708

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 DC  
 NAME ST. JOHN, MICHAEL  
 STREET ADDRESS 7519 ARMAND CIR  
 CITY-ST-ZIP TAMPA FL 33615

1.1 TITLE DC  
 1.2 NAME GEORGE PINNER  
 1.3 STREET ADDRESS 13816 CHERRY BROOK LAKE  
 1.4 CITY-ST-ZIP TAMPA, FL, 33636

TITLE D  
 NAME MEEKER, DICK  
 STREET ADDRESS 11211 SHELDON RD  
 CITY-ST-ZIP TAMPA FL

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  
 NAME LAIR, DEBBIE  
 STREET ADDRESS 9050 LAKE PLACE LANE  
 CITY-ST-ZIP TAMPA FL 33635

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-4-99 8B-920-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)