

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 771311

1. Entity Name
**TOWN & COUNTRY MEMORIAL POST 152, THE
AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.**



Principal Place of Business
**11211 SHELDON RD
TAMPA, FL 33626-1708**

Mailing Address
**11211 SHELDON RD
TAMPA, FL 33626-1708**



08152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2422604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BULLOCK, EBEN B
11211 SHELDON RD
TAMPA, FL 33626-1708**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLOCK, E. BUZZ 11211 SHELDON RD. TAMPA, FL 33636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIR, ROBERT 9050 LAKE PLACE LN. TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAIR, DEBBIE 9050 LAKE PLACE LANE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000170721
08/23/04-80008-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa D. Zipler Theresa D. Zipler 8-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #