## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 771311** 

FILED Nov 05, 2009 Secretary of State

Entity Name: TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA,

INC

Current Principal Place of Business: New Principal Place of Business:

11211 SHELDON RD TAMPA, FL 336261708

Current Mailing Address: New Mailing Address:

11211 SHELDON RD TAMPA, FL 336261708

FEI Number: 59-2422604 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAIR, ROBERT M 11211 SHELDON RD TAMPA, FL 336261708 US

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.

SIGNATURE: ROBERT M LAIR

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: FO ( ) Delete Title: FO (X) Change ( ) Addition

 Name:
 LAIR, ROBERT M
 Name:
 ZIPLER, THERESA D

 Address:
 1211 SHELDON RD
 Address:
 1211 SHELDON RD

 City-St-Zip:
 TAMPA, FL 336261708
 City-St-Zip:
 TAMPA, FL 336261708

Title: C ( ) Delete Title: C (X) Change ( ) Addition Name: TAYLOR, ROBERT W Name: ZIPLER, JAMES E

 Address:
 11211 SHELDON ROAD
 Address:
 11211 SHELDON ROAD

 City-St-Zip:
 TAMPA, FL 336361708
 City-St-Zip:
 TAMPA, FL 336361708

Title: AFO () Delete Title: () Change () Addition

 Name:
 BULLOCK, E. BUZZ
 Name:

 Address:
 11211 SHELDON RD
 Address:

 City-St-Zip:
 TAMPA, FL 336361708
 City-St-Zip:

Title: ( ) Delete Title: AFO ( ) Change (X) Addition

 Name:
 Name:
 LAIR, ROBERT

 Address:
 Address:
 11211 SHELDON RD

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 336361708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA D. ZIPLER FO 11/05/2009