

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724647

**Entity Name:** ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.

**FILED**  
**Feb 15, 2023**  
**Secretary of State**  
**8621639771CC**

**Current Principal Place of Business:**

7240 US HIGHWAY 301  
RIVERVIEW, FL 33569

**Current Mailing Address:**

P O BOX 507  
RIVERVIEW, FL 33568-0507 US

**FEI Number: 59-6200875**

**Certificate of Status Desired: No**

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

GATES, CLAUDE H  
9015 SYMMES RD  
GIBSONTON, FL 33534 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: CLAUDE H. GATES**

**02/15/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SERGEANT AT ARMS  
Name TURNER, WILLIAM  
Address 11104 RIVERVIEW DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title COMMANDER  
Name STOKES, LYNETTE  
Address 10511 ASHLEY OAKS DR  
City-State-Zip: RIVERVIEW FL 33578

Title E-BOARD  
Name GATES, GLAUDE J  
Address 9015 SYMMES ROAD  
City-State-Zip: GIBSONTON FL 33534

Title E-BOARD  
Name BEASLEY, RUSSELL  
Address 9737 TRANQUILITY LAKES CIRCLE  
APT 207  
City-State-Zip: RIVERVIEW FL 33578

Title 1ST VICE  
Name JOHNSON, TERRY  
Address 12405 GREENLEE WAY  
City-State-Zip: RIVERVIEW FL 33579

*I hereby 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 all other like empowered.*

**SIGNATURE: LYNETTE STOKES**

**COMMANDER**

**02/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date