

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724647

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

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC5283722217**

**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**

**03/05/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ADJUTANT  
Name OHLFS, GREG  
Address 7536 FOREST MERE DR  
City-State-Zip: RIVERVIEW FL 33578

Title E-BOARD  
Name FRIETSCH, CHARLES  
Address 6510 REED DR  
City-State-Zip: RIVERVIEW FL 33578

Title E-BOARD  
Name JOHNSON, TERRY  
Address 12405 GREENLEE WAY  
City-State-Zip: RIVERVIEW FL 33579

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

Title E-BOARD  
Name VANDYKE, WILLIAM  
Address 628 S. 63RD ST  
City-State-Zip: TAMPA FL 33619

Title E-BOARD  
Name REGENHARD, KEITH  
Address 10099 TUCKER JONES RD  
City-State-Zip: RIVERVIEW FL 33578

*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**

**03/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date