

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771311

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

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**2559050909CC**

**Current Principal Place of Business:**

11211 SHELDON RD  
TAMPA, FL 33626-1708

**Current Mailing Address:**

11211 SHELDON RD  
TAMPA, FL 33626-1708

**FEI Number: 59-2422604**

**Certificate of Status Desired: No**

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

LAIR, ROBERT M  
11211 SHELDON RD  
TAMPA, FL 33626-1708 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	FO	Title	COMMANDER
Name	FIVEHOUSE, DOUGLAS	Name	LAFRAMBOISE, ARMOND
Address	1211 SHELDON RD	Address	11211 SHELDON RD
City-State-Zip:	TAMPA FL 33626-1708	City-State-Zip:	TAMPA FL 33626-1708
Title	AFO	Title	AFO
Name	LAIR, ROBERT	Name	ZIPLER, THERESA D
Address	11211 SHELDON RD	Address	11211 SHELDON RD
City-State-Zip:	TAMPA FL 33636-1708	City-State-Zip:	TAMPA FL 33626-1708

*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: THERESA D ZIPLER

AFO

02/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date