

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006120

**FILED**  
**Feb 08, 2022**  
**Secretary of State**  
**3330324798CC**

**Entity Name:** THE AMERICAN LEGION, SUN CITY CENTER POST NO. 246, INC.

**Current Principal Place of Business:**

1009 N PEBBLE BEACH BLVD  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

P.O. BOX 5803  
SUN CITY CENTER, FL 33571 US

**FEI Number: 46-0781403**

**Certificate of Status Desired: Yes**

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

WHEAT, PAUL  
2211 WESTMINESTER  
SUN CITY CENTER, FL 33573 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: PAUL WHEAT**

**02/08/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           WHEAT, PAUL  
Address        2211 WESTMINESTER  
City-State-Zip: SUN CITY CENTER FL 33573

Title           FINANCE OFFICER  
Name           WILCOX, WILLIAM  
Address        512 RIMINI VISTA WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title           1ST VICE COMMANDER  
Name           HANEY, JIM  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           2ND VICE COMMANDER  
Name           VAN HORN, KARLA  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           ADJUTANT  
Name           BRUBAKER, HARRY (BUD)  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           CHAPLAIN  
Name           RODRIQUEZ, FRANKLIN  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           SERGEANT-AT-ARMS  
Name           BANES, GEORGE  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           PAST COMMANDER  
Name           WENDELL, JIM  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

**Continues on page 2**

*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: WILLIAM E. WILCOX**

**FINANCE OFFICER**

**02/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RODERICK, DOUG  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           DIRECTOR  
Name           VAN AULEN, TED  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571