

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006120

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**4295891410CC**

**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

02/09/2024

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           TASYLOR, JANET  
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           VOLTZ, WAYNE  
Address        P.O. BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title           SERGEANT-AT-ARMS  
Name           HOLT, KEN  
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

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*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 WILCOX

FINANCEOFFICER

02/09/2024

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 HISTORIAN  
Name BROWNING, STEVE  
Address PO BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title JUDGE ADVOCATE  
Name STEPANOVSKY, NERINA  
Address PO BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571

Title SENIOR SERVICE OFFICER  
Name TAYLOR, JIM  
Address PO BOX 5803  
City-State-Zip: SUN CITY CENTER FL 33571