

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19166

FILED
Jan 13, 2014
Secretary of State
CC2605223089

Entity Name: THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGION OF FLORIDA, INC.

Current Principal Place of Business:

AMERICAN LEGION POST 112
4490 N. GOLDENROD RD
WINTER PARK, FL 32792

Current Mailing Address:

P.O. BOX 910
GOLDENROD, FL 32733

FEI Number: 59-6136569

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCORMICK, JOHN
501 E CHURCH ST
ORLANDO, FL 32801 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 COMMANDER/PRESIDENT
Name DOVER, BILLY
Address 7640 BROKEN ARROW
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name COSTELLO, TED J
Address 11329 ALAMEDA SANDRA DRIVE
City-State-Zip: CLERMONT FL 34711-6628

Title DIRECTOR
Name MCCORMICK, JOHN
Address 501 E CHURCH ST
City-State-Zip: ORLANDO FL 32801

Title FINANCE OFFICER/TREASURER
Name SHANNON, DYKE
Address 108 JAMAICA DR
City-State-Zip: COCOA BEACH FL 32931

Title ADJUTANT/SECETARY
Name COLBERT, ROBERT
Address PO BOX 5446
City-State-Zip: WINTER PARK FL 32792-5446

Title SGT AT ARMS
Name THORNTON, JAMES
Address AMERICAN LEGION POST 112
 4490 N. GOLDENROD RD
City-State-Zip: WINTER PARK FL 32792

Title VP, 1ST VICE COMMANDER
Name DRESS, JERRY
Address P.O. BOX 910
City-State-Zip: GOLDENROD FL 32733

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: DYKE SHANNON

FINANCE OFFICER

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date