

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90032 015 ****61.25

DOCUMENT # 702517



1. Entity Name

LUTZ-LAND O' LAKES POST NUMBER 108, INC., THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business

5903 LAND O LAKES BLVD.
 PO BOX 747
 LAND O LAKES FL 34639

Mailing Address

P.O. BOX 747
 PO BOX 747
 LAND O'LAKES FL 34639
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-6200605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, ROBERT
19805 READING ROAD
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	NASSO, VINCENT	
STREET ADDRESS	2155 FOGGY RIDGE PKY	
CITY-ST-ZIP	LANK O/LAKES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, ROBERT	
STREET ADDRESS	19805 READING RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DRETZKA, RAYMOND J.	
STREET ADDRESS	3153 LAKE PADGETT DRIVE	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSO, VINCENT	
STREET ADDRESS	2829 BANYAN HILL LN	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ROBERT	
STREET ADDRESS	1729 HERON COVE DR	
CITY-ST-ZIP	LUTZ FL. 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Vincent Nasso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04
 Date

Daytime Phone #