

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703705 (4)

1. Corporation Name

**WEST PALM BEACH POST NO 199 INC THE AMERICAN LEG
ION DEPARTMENT OF FLORIDA**



Principal Place of Business

Mailing Address

**AMERICAN LEGION DEPARTMENT OF FLORIDA
1020 11TH STREET
WEST PALM BEACH FL 33401**

**AMERICAN LEGION DEPARTMENT OF FLORIDA
~~1020 11TH STREET~~ **PO Box 8278**
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified 03/13/1962	3a. Date of Last Report 12/18/1995
4. FEI Number 59-6476271	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, ULYSSES
520-47TH ST.
WEST PALM BEACH FL 33407**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMMONS, ULYSSES	
STREET ADDRESS	520-47TH AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILBERT, JOHN	
STREET ADDRESS	1408 8TH ST.	
CITY-ST-ZIP	WPB FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEMBROOK BURROWS, <i>PEMBROOK</i>	
STREET ADDRESS	801 W. 2ND STREET	
CITY-ST-ZIP	RIVERIA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIRMON, RICHARD	
STREET ADDRESS	1835 W 31ST	
CITY-ST-ZIP	RIVERIA BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOX, DONALD C	
STREET ADDRESS	794 RYANWOOD DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GURWER, IBIEYOUVY	
STREET ADDRESS	715 PALM BEACH LAKES	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ulysses Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)