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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703705**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

AMERICAN LEGION DEPARTMENT OF FLORIDA  
P.O. BOX 8278  
WEST PALM BEACH FL 33407  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/13/1962

4. FEI Number

59-6476271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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 ☐ DELETE

NAME **P**  
**FOX, DONALD C**  
STREET ADDRESS **794 RYANWOOD DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **VP**  
**WALKER, ALPHONZO L**  
STREET ADDRESS **640 WEST 2ND STREET**  
CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE

NAME **T**  
**DUNBAR, ROOSEVELT**  
STREET ADDRESS **1544 NO 24TH CT**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ DELETE

NAME **D**  
**SIRMON, RICHARD**  
STREET ADDRESS **1635 W 31ST**  
CITY-ST-ZIP **RIVERIA BCH FL**

TITLE ☐ DELETE

NAME **D**  
**YOUNG, GURNEE O**  
STREET ADDRESS **715 PALM BEACH LAKES**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**Katherine Harris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)