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Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708263 (9)

1. Corporation Name

THE TAMPA DEPARTMENT CONVENTION CORPORATION THE  
AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

17702 SIMMS ROAD  
C/O HENRY J BINDER  
ODESSA FL 3355617702 SIMMS ROAD  
C/O HENRY J BINDER  
ODESSA FL 33556-47503. Date Incorporated or Qualified  
01/11/19723a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BINDER, HENRY J.  
17702 SIMMS RD.  
ODESSA FL 33556

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TAYLOR JR, J G  
STREET ADDRESS 1400 W FLETCHER AVE  
CITY-ST-ZIP TAMPA, FL 000001.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE T  
NAME BINDER, HENRY J  
STREET ADDRESS 17702 SIMMS ROAD  
CITY-ST-ZIP ODESSA, FL 335562.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D  
NAME CHIPMAN, VIOLA J.  
STREET ADDRESS 10814 N. EDISON AVE.  
CITY-ST-ZIP TAMPA FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME PROFFIETT, EDWARD A.  
STREET ADDRESS 5119 MURRAY HILL DR  
CITY-ST-ZIP TAMPA FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE S  
NAME DE LONG, DAVID  
STREET ADDRESS 4711 EL PRADO BLVD.  
CITY-ST-ZIP TAMPA FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME HALL, DANIEL W. JR.  
STREET ADDRESS 3914 OKLAHOMA AVE  
CITY-ST-ZIP TAMPA FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Henry J. Binder, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

813 920-6200

Date

Daytime Phone # 0048030

CP2E037 (9/96)