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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 708263

1. Corporation Name

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

Principal Place of Business

17702 SIMMS ROAD
C/O HENRY J BINDER
ODESSA FL 33556

Mailing Address

17702 SIMMS ROAD
C/O HENRY J BINDER
ODESSA FL 33556



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

01/11/1972

4. FEI Number

59-6162434

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

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

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 PD
NAME TAYLOR JR, J G
STREET ADDRESS 1400 W FLETCHER AVE
CITY-ST-ZIP TAMPA, FL 00000

TITLE T
NAME BINDER, HENRY J
STREET ADDRESS 17702 SIMMS ROAD
CITY-ST-ZIP ODESSA, FL 33556

TITLE D
NAME CHIPMAN, VIOLA J.
STREET ADDRESS 10814 N. EDISON AVE.
CITY-ST-ZIP TAMPA FL

TITLE D
NAME PROFFIETT, EDWARD A.
STREET ADDRESS 5119 MURRAY HILL DR
CITY-ST-ZIP TAMPA FL

TITLE S
NAME DE LONG, DAVID
STREET ADDRESS 4711 EL PRADO BLVD.
CITY-ST-ZIP TAMPA FL

TITLE D
NAME HALL, DANIEL W. JR.
STREET ADDRESS 3914 OKLAHOMA AVE
CITY-ST-ZIP TAMPA FL

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:

SIGNATURE REQUIRED

4/11/99

813 920-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)