FILE NOW: FILING FEE IS \$61.25

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 Busin
17702 SIMMS ROAD
C/O HENRY J BINDER
ODESSA EL 33556

21

2. Principal Place of Business

Mailing Address

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

2a. Mailing Address



04-20-1999 90011 032 ****61.25



3. Date Incorporated or Qualifed

-01/11/1972 --

City & State City & State City & City & State City & State City & Ci	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				7. FEI Nullibei		App	lieu Fui		
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8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name 8. Name and Address of New Registered Agent 8. Name 9. N	Zip	<u> </u>			ntry		·		•	-		
BINDER, HENRY J. 17702 SIMMS RD. ODESSA FL 33556 ### City												
BINDER, HENRY J. 17702 SIMMS RD. ODESSA FL 33556 84 City FL 85 Zip Code TI. 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0503, Florida Statutes, and accept the obligations of, Section 617,0502, Florida Statutes, and accept the obligations of, Section 617,0502, Florida Statutes, and accept the obligations of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of, Section 617,0502, Florida Statutes, and accept the obligation of,		9. Name and Address of Current I	Registered Agent		041	Nicos	10. Name and Address of New I	zedistel er	Agent			
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ODESSA FL 33556 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, 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 types or printed name of registered Agent and the # spipitable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD TAYLOR JR, J G TAYLOR	-											
### City FL 85 Zip Code					83							
The 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, hypod or printed name of registered appear and that if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TAYLOR JR, J G STREET ADDRESS CITY-ST-ZP TAMPA, FL 0,0000 TAMPA, FL 0,0000 TITLE DELETE 11. TITLE Change Addition ATAMPA FL D Change Addition Addition Addition ATAMPA FL D Change Addition ATAMPA FL AT	ODEOOA		•	-	0.4	City			85 7in C	ode.		
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12.	SIGNATURE	The transfer of the second	410		•		JET - Like - V	DATE				
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TAMPA, FL 00000	NAME											
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	STREET ADDRESS	3914 OKLAHOMA AVE		6.3 ST	REET.	ADDRESS						
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	CITY-ST-ZIP	TAMPA FL										

Interest certify that the information supplied with this raining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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.

813 920-6200