

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90998 021 ****61.25

DOCUMENT # 710319

1. Entity Name

**JAMES CARL FREDERICK, POST #157 INCORPORATED,
THE AMERICAN LEGION, MARGATE, FLORIDA**



Principal Place of Business

**1791 MEARS PARKWAY
P.O. BOX 408393
MARGATE FL 33093
US**

Mailing Address

**P.O. BOX 4083
MARGATE FL 33093-4083
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2188256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, WILLIAM P
3952-H COCOPLUM CIR
COCONUT CREEK FL 33063**

Name

GALLAGHER, William P.

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

1645 NW 69th TERR

City

MARGATE

FL

Zip Code

33063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William P. Gallagher

William P. Gallagher

3-17-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NEPA, PETER O
STREET ADDRESS 777 S FEDERAL HIGHWAY #N109
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ Delete
NAME GALLAGHER, WILLIAM P
STREET ADDRESS 3952 H COCO PLUM CIR
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE T ☒ Delete
NAME ENGLISH, AL
STREET ADDRESS 6521 NW 28TH CT
CITY-ST-ZIP MARGATE FL

TITLE S ☐ Delete
NAME BROWN, RUSSELL
STREET ADDRESS 7211 FORREST BLVD
CITY-ST-ZIP NORTH LAUDERDALE FL

TITLE D ☐ Delete
NAME TOOLEY, FRANK
STREET ADDRESS 4411 COCONUT CREEK BLVD
CITY-ST-ZIP COCONUT CREEK FL

TITLE V ☐ Delete
NAME COLON, RALPH
STREET ADDRESS 6751 NW 22 ST
CITY-ST-ZIP MARGATE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1645 NW 69th TERR
STREET ADDRESS MARGATE, FL 33063
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME OFFICE, FRANK
STREET ADDRESS 4071 NW 5th St
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ☒ Change ☐ Addition
NAME 6510 Winfield Blvd
STREET ADDRESS APT 101
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Gallagher **3-17-04** **954-971-0882**
Date Daytime Phone #