

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710679 (2)

1. Corporation Name

**LOFLEY HINSON POST NO 162, THE AMERICAN LEGION,
DEPARTMENT OF FLORIDA, INC.**

FILED
95 JUN 29 PM 1:42
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
820 SE 8TH AVE. DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/06/1966** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-6200339** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes ☐ Yes ☒ No

**GREER, HERMAN E.
191 N.E. 27TH ST.
POMPANO BCH. FL 33064**

10. Name and Address of New Registered Agent
81 Name **JACK W. DOHERTY**
82 Street Address (P.O. Box Number is Not Acceptable) **10714 SANDALWOOD BLVD.**
83
84 City **BON RAYON** FL 85 Zip Code **33418**

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

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

(NOTE: Registered Agent signature required when registering)

6/75/95
DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
T DOHERTY, JACK W 432 SE 11TH STREET, APT. 8101 DEERFIELD BEACH FL
S MIRON, JAMES 1248 SE 8TH ST DEERFIELD BCH FL
D SCHUTTAK, GERALD J 1540 S.W. 67TH AVENUE POMPANO BEACH FL
D HANNAN, CHARLES 285 SE 10TH STREET, APT. C11 DEERFIELD BEACH FL
D WALSH, MICHAEL G 1417 S.W. 1ST TERRACE DEERFIELD BCH FL
P SMITH, TERRY R 771 N.W. 42ND WAY DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SECRETARY DEETZ, WALTER**
2.3 STREET ADDRESS **741 N.W. 5TH CT.**
2.4 CITY - ST - ZIP **POMPANO BEACH, FL 33064**
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DIRECTOR SCHUTTAK, GERALD J.**
3.3 STREET ADDRESS **850 N.E. 46TH ST, LOT 127**
3.4 CITY - ST - ZIP **POMPANO BEACH, FL 33064**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Jack W. Doherty
Signature and typed or printed name of signing officer or director

6/9/95 (407) 487-7858
Date Secretary Phone #