

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90187 012 ****61.25

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DOCUMENT # 710679

1. Corporation Name

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

Principal Place of Business

820 SE 8TH AVE.
DEERFIELD BEACH FL 33441

Mailing Address

820 SE 8TH AVE.
DEERFIELD BEACH FL 33441



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/06/1966

4. FEI Number

59-6200339

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

KELLER, ROBERT
124 SE 14TH COURT
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name CINDALEAH KOVARS

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

83 1561 S.E. 24 TERR.

84 POMPANO BEACH

FL

85 Zip Code 33062

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

Cindaleah Kovars, ACCT

1-4-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T
NAME KELLER, ROBERT H
STREET ADDRESS 124 SE 14TH COURT
CITY-ST-ZIP DEERFIELD BEACH FL

S
NAME KELLER, ROBERT
STREET ADDRESS 124 S.E. 14TH COURT
CITY-ST-ZIP DEERFIELD BEACH FL

D
NAME WIEGAND, ROBERT J.
STREET ADDRESS 579 N.W. 47 AVE.
CITY-ST-ZIP DEERFIELD BEACH FL

D
NAME MIRON, JAMES
STREET ADDRESS 814 S FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

P
NAME SCHUTTAK, GERALD
STREET ADDRESS 850 NE 48TH STREET
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE TREASURER
1.2 NAME RAY BLANCHETTE
1.3 STREET ADDRESS 820 S.E. 8 AVE
1.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

2.1 TITLE
2.2 NAME DAVID ELL
2.3 STREET ADDRESS 820 S.E. 8 AVE.
2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

3.1 TITLE
3.2 NAME AL PESTORE
3.3 STREET ADDRESS 820 SE 8 AVE
3.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

4.1 TITLE
4.2 NAME JULIAN KNUTTE
4.3 STREET ADDRESS 820 SE 8 AVE
4.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

5.1 TITLE
5.2 NAME BRUCE DADAH
5.3 STREET ADDRESS 820 S.E. 8 AVE
5.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)