

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90026 006 ****61.25

DOCUMENT # 711581

1. Entity Name
**ORMOND BEACH POST NO. 267, INC., DEPARTMENT OF
FLORIDA, THE AMERICAN LEGION**



Principal Place of Business
**156 NEW BRITAIN AVENUE
ORMOND BCH., FL 32174-5626**

Mailing Address
**156 NEW BRITAIN AVENUE
ORMOND BCH., FL 32174-5626**

00041000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06022006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
23-7178739

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KROPP, ROBERT E
1506 SAN MARCO DRIVE, #104
ORMOND BEACH, FL 32174**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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 P ☒ Delete
NAME VIOLANTI, THEODORE
STREET ADDRESS 500 SHADOW LAKES, #104
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V ☒ Delete
NAME HIGBEE, WILLIAM
STREET ADDRESS 52 PARK PLACE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T ☐ Delete
NAME KROPP, ROBERT
STREET ADDRESS 1506 SNA MARCO DRIVE, #104
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME TARUS, JAMES
STREET ADDRESS 27 BEECHWOOD DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ~~LEPORE~~ ☐ Change ☒ Addition
NAME ~~LEPORE~~, DO Vice President
STREET ADDRESS 122 PAPAYA DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

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

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Kropp

Date

Daytime Phone #

7/6/06

386-615-4994