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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:29

DOCUMENT # 713664 (1)

1. Corporation Name

MARION CLARK PHILLIPS POST NO. 227, INC. THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
2113 FOSGATE DRIVE WINTER PARK FL 32789	2113 FOSGATE DRIVE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6200805 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 7613 AVONWOOD COURT	26 7613 AVONWOOD COURT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO, FL.
Zip 24 32810 Country 25 U.S.A.	Zip 29 32810 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

ANDERSON, MARJORIE E.
2113 FOSGATE DRIVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: GLORIA D. HOFFMIRE
82 Street Address (P.O. Box Number is Not Acceptable): 7613 AVONWOOD COURT
83
84 City: ORLANDO FL 85 Zip Code: 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: GLORIA D. HOFFMIRE, COMMANDER Gloria D. Hoffmire, Commander March 21, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	ANDERSON, MARJORIE E.	1.2 NAME	GLORIA D. HOFFMIRE
STREET ADDRESS	2113 FOSGATE DRIVE	1.3 STREET ADDRESS	7613 AVONWOOD COURT
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	ORLANDO, FL. 32810
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, LORRAINE E.	2.2 NAME	
STREET ADDRESS	2508 LAKE WADE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HAPPENER, CLAIRE H.	3.2 NAME	
STREET ADDRESS	1954 S. CONWAY ROAD, APT. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812-9179	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: Claire H. Happener March 21, 1995 (407) 898-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CLAIRE H. HAPPENER, FINANCE OFFICER