

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **713664** (1)

1. Corporation Name

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



Principal Place of Business

Mailing Address

7613 AVONWOOD CT
ORLANDO FL 32810
US

7613 AVONWOOD CT
ORLANDO FL 32810
US

3. Date Incorporated or Qualified
11/17/1967

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **7613 Avonwood Ct**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **ORLANDO, FL.**

28

Zip

Country

Zip

Country

24 **32810**

25 **U.S.A.**

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMIRE, GLORIA D.
7613 AVONWOOD CT
ORLANDO FL 32810

81 Name **GLORIA D. HOFFMIRE**

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

7613 AVONWOOD CT

83

84 City

ORLANDO

FL

85 Zip Code

32810

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 **GLORIA D. HOFFMIRE, COMMANDER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HOFFMIRE, GLORIA D.**
STREET ADDRESS **7613 AVONWOOD CT**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME **MCCOY, LORRANE E.**
STREET ADDRESS **2508 LAKE WADE COURT**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ DELETE

NAME **D HAPPER, CLAIRE H.**
STREET ADDRESS **1954 S. CONWAY ROAD, APT. 1**
CITY-ST-ZIP **ORLANDO FL 32812-9179**

TITLE ☐ DELETE

NAME **D GREGOIRE, MARY L.**
STREET ADDRESS **830 N. HYER AVE.**
CITY-ST-ZIP **ORLANDO, FL. 32805**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 119.07(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:

CLAIRE HAPPER, FINANCE OFFICER

Jan. 24, 1996 (407) 898-5777

Date

Daytime Phone #

CR2E037 (12/95)