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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 714279

1. Corporation Name

PORT ORANGE AMERICAN LEGION BUILDING, INC.

Principal Place of Business

119 HOWES STREET
PT ORANGE FL 32119
US

Mailing Address

P O BOX 290612
PORT ORANGE FL 32119
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/20/1968

4. FEI Number

59-1416026

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

HART, EMMETT W JR
511 BLAKE ROAD
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P ☐ DELETE

NAME PIERCE, EDWARD
STREET ADDRESS 3708 LACY LANE
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE D ☐ DELETE

NAME HALL, RALPH
STREET ADDRESS 119 HOWES STREET
CITY-ST-ZIP PORT ORANGE FL

TITLE V ☐ DELETE

NAME MCCLAIN, MARSH
STREET ADDRESS 62 WALTON BLVD
CITY-ST-ZIP PT ORANGE FL 32119

TITLE SD ☐ DELETE

NAME CRAWFORD, JOHN
STREET ADDRESS 175 LOOUAT LANE
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE D ☐ DELETE

NAME CHACCHIARINI, JOHN
STREET ADDRESS 918 REED CNAAL ROAD LOT 348
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE T ☒ DELETE

NAME DEERING, DONALD
STREET ADDRESS 4453 S ATLANTIC AVENUE UNIT 603
CITY-ST-ZIP PONCE INLET FL 32127

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

DAVID BAILEY
5805 RIVER SIDE DR
HARBOR OAKS FL 32127

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)