

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90014 043 \*\*\*\*70.00

**DOCUMENT # 714279**

1. Entity Name

PORT ORANGE AMERICAN LEGION BUILDING, INC.



Principal Place of Business

119 HOWES STREET  
PORT ORANGE FL 32127  
US

Mailing Address

119 HOWES STREET  
PORT ORANGE FL 32127  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

59-1416026

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

PIERCE, EDWARD  
5261 OATES AVE.  
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name **PETERSON, FRANKLIN R.**

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

5218 ORANGE AVE

City **PORT ORANGE**

**FL**

Zip Code **32127**

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 *Franklin R. Peterson*

FRANKLIN R PETERSON

8/26/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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	V	<input type="checkbox"/> Delete
NAME	RICE, ROY A	
STREET ADDRESS	5210 ORANGE AVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, CHARLES A	
STREET ADDRESS	5263 TAYLOR AVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCLANE, MARSHALL	
STREET ADDRESS	62 WALTON BLVD	
CITY-ST-ZIP	PT ORANGE FL 32119	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, EDWARD	
STREET ADDRESS	5210 ORANGE AVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAROL, ROGER L	
STREET ADDRESS	1703 MAGNOLIA F 9	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUARNERI, SALVATORE J	
STREET ADDRESS	217 SAND PEBBLE CIR	
CITY-ST-ZIP	PORT ORANGE FL 32119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, FRANKLIN R.	
STREET ADDRESS	5218 ORANGE AVE	
CITY-ST-ZIP	PORT ORANGE, FL. 32127	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUM, MELVIN	
STREET ADDRESS	179 BECKY DR.	
CITY-ST-ZIP	PORT ORANGE, FL. 32119	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Franklin R. Peterson*

FRANKLIN R. PETERSON

8/26/2004

(386) 788-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #