

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 # 714802 (6)

1. Corporation Name

THE AMERICAN LEGION POST 194, INC.



Principal Place of Business

Mailing Address

P O BOX 1073
PEARL STREET
ST AUGUSTINE FL 32085-1073

P O BOX 1073
PEARL STREET
ST AUGUSTINE FL 32085-1073

3. Date Incorporated or Qualified
06/20/1968

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-6200261

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

LOGAN, JOSEPH
89 SOUTH ST.
ST. AUGUSTINE FL 32084

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 D LOWDNES, SHEDRICK
NAME 18 CHRISTOPHER
STREET ADDRESS ST AUGUSTINE, FL 00000
CITY-ST-ZIP

TITLE DM LOGAN, JOSEPH
NAME 89 SOUTH ST
STREET ADDRESS ST AUGUSTINE, FL 00000
CITY-ST-ZIP

TITLE ST SINGLETARY, RUTH H
NAME 905 S. ORANGE STREET
STREET ADDRESS ST AUGUSTINE, FL 00000
CITY-ST-ZIP

TITLE DC WHITE, GREGORY
NAME 999 PEARL STREET
STREET ADDRESS ST. AUGUSTINE FL
CITY-ST-ZIP

TITLE D JACKSON, THOMAS
NAME 45 NE SMITH ST
STREET ADDRESS ST AUGUSTINE FL
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Ruth H. Singletary, Finance Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 5, 1996

Date

829-9732

Daytime Phone #

CR2E037 (12/95)