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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716185** (4)

1. Corporation Name

**SEMINOLE POST NUMBER ONE HUNDRED ELEVEN (111) IN
CORPORATED THE AMERICAN LEGION - DEPARTMENT OF F**

Principal Place of Business

Mailing Address

**6918 FLORIDA AVENUE
TAMPA FL 33604**

**6918 FLORIDA AVENUE
TAMPA FL 33604-5560**



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/11/1969

3a. Date of Last Report

04/12/1996

4. FEI Number

59-0911046

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

10. Name and Address of New Registered Agent

**MILLER SR, THOMAS A.
1105 W IDLEWILD AVE
TAMPA FL 33604**

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 **CD** ☒ DELETE
NAME **RASH, HERBERT E.**
STREET ADDRESS **7108 N ROME AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☐ DELETE
NAME **ALDERMAN, ROBERT A**
STREET ADDRESS **5501 N SUWANNEE AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **KENYON, STEVE**
STREET ADDRESS **8519 OTIS AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ DELETE
NAME **HOLLEY, ALLEN S**
STREET ADDRESS **6906 W. WILLOW AVENUE**
CITY-ST-ZIP **TAMPA FL**

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 **CD**
1.3 STREET ADDRESS **HOLLEY, ALLEN S.**
1.4 CITY-ST-ZIP **6906 N. Willow St.
TAMPA, FL 33604** ☒ Change ☐ Addition

2.1 TITLE **SD**
2.2 NAME **ALDERMAN, ROBERT A.**
2.3 STREET ADDRESS **5501 N SUWANNEE AVENUE**
2.4 CITY-ST-ZIP **TAMPA, FL 33604** ☒ Change ☐ Addition

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **HINDERER, DONALD P.**
3.3 STREET ADDRESS **2803 W SLIGH AVENUE**
3.4 CITY-ST-ZIP **TAMPA, FL 33614**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **R. CLAYTON BROWN, JR.**
4.3 STREET ADDRESS **1908 W FERN ST**
4.4 CITY-ST-ZIP **TAMPA, FL 33604**

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 813286 2281

Date

Daytime Phone # **0047145**

CR2E037 (9/96)