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03-31-1999 90018 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 716185

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 03/11/1969

4. FEI Number: 59-0911046 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

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: Thomas A. Miller, Sr. THOMAS A. MILLER SR 3/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☒ Addition
NAME	HOLLEY, ALLEN S		1.2 NAME	S. J. STRYKOWSKI	
STREET ADDRESS	6906 N WILLOW ST		1.3 STREET ADDRESS	8504 N. NEWPORT AV.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	SD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BAKER, BETTY J		2.2 NAME	HOLLEY, ALLEN S.	
STREET ADDRESS	2564 SEAFORD CIR #1		2.3 STREET ADDRESS	6906 N. WILLOW ST.	
CITY-ST-ZIP	TAMPA FL 33613		2.4 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BAKER, BETTY J		3.2 NAME	HATHAWAY, ROBERT	
STREET ADDRESS	2564 SEAFORD CIR #1		3.3 STREET ADDRESS	7608 N. Boulevard	
CITY-ST-ZIP	TAMPA FL 33613		3.4. CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	VD	☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	BROWN, R CLAYTON JR		4.2 NAME	ROBERT HATHAWAY	
STREET ADDRESS	19098 W FERN ST		4.3 STREET ADDRESS	7608 N. Boulevard	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME			5.2 NAME	R. CLAYTON BROWN, JR.	
STREET ADDRESS			5.3 STREET ADDRESS	19098 W. Fern St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [illegible] (Adj) 3/24/99 813-932-4612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #