


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90102 009 ****69.25

DOCUMENT # 724647 1. Entity Name ALAFIA-POST-148 OF THE AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.					
Principal Place of Business HWY 301 & HANNAWAY DR PO BOX 507 RIVERVIEW FL 33569-0507		Mailing Address HWY 301 & HANNAWAY DR PO BOX 507 RIVERVIEW FL 33569-0507			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6200875	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELL, JOHN P 1633 ELK SPRING DR. BRANDON FL 33511			Name STEVE HOSFORD Street Address (P.O. Box Number is Not Acceptable) 9803 LA RITA PL City Riverview, FL FL Zip Code 33569		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MOORE, ROBERT E 12102 EDGEKNOLL DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHUCK SCHLADAM P.O. BOX 2414 RIVERVIEW FL, 33568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEATTY, ROLAND 3857 BELLEWATER BLVD RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOE AMOS 6004 PALOMA CLAD WTHIA FL, 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JA BELL, JOHN 1633 ELK SPRING DR BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FIN. Steve Hosford 9803 LA RITA Riverview, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB PFLUG, RICHARD 12511 TOCCI LANE RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JA THOMAS HOSMAN 12714 GARM RIVERVIEW RD, RIVERVIEW FL, 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Steve Hosford **STEVE HOSFORD** 2-23-06 813 434-7205