FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724707 (5)

1. Corporation Name

AMERICAN LEGION POST #255 BUILDING ASSOCIATION O
F DELTONA, FLORIDA, INC.

Principal Place of Business

ASSOCIATION OF DELTONA, FLORIDA, INC.
AMERICAN LEGION POST #255, P.O. BOX 5037
DELTONA FL 32725

Mailing Address

ASSOCIATION OF DELTONA, FLORIDA, INC.
AMERICAN LEGION POST #255, P.O. BOX 5037
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1972
3a. Date of Last Report: 08/08/1994
4. FEI Number: 23-7406784 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

HARDESTY, ALONZO H.
1750 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	O'HARA, WILLIAM	1.2 NAME	
STREET ADDRESS	1760 S. TANNER CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	✓ ☑ Change ☐ Addition
NAME	BAVARO, FRANK	2.2 NAME	WHITE, MILDRED
STREET ADDRESS	2072 MONTEREY ST	2.3 STREET ADDRESS	1811 ESCOBAL AVE.
CITY-ST-ZIP	DELTONA, FL 00000	2.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	SD	3.1 TITLE	S ☑ Change ☐ Addition
NAME	BARNETT, JACK	3.2 NAME	SULLIVAN, THEODORE
STREET ADDRESS	1318 W PORTILLO DRIVE	3.3 STREET ADDRESS	1489 W. AKRON DR.
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	FO	4.1 TITLE	D ☐ Change ☑ Addition
NAME	MARTIN, PAUL A	4.2 NAME	BARNETT, JACK
STREET ADDRESS	2379 OTIS AVE.	4.3 STREET ADDRESS	1318 W. PORTILLO DRIVE
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	GALLO, CARMEN	5.2 NAME	KLEJBUK, JOSEPH
STREET ADDRESS	2502 LAWLER LN	5.3 STREET ADDRESS	1743 CHAPEL DR.
CITY-ST-ZIP	DELTONA, FL 00000	5.4 CITY-ST-ZIP	DELTONA F. 32725
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	HEALY, RAYMOND	6.2 NAME	McCARTHY, KEN
STREET ADDRESS	2050 CLAREMONT DR	6.3 STREET ADDRESS	1700 CHAPEL DR.
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	DELTONA FL 32725

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.

PAUL A. MARTIN

SIGNATURE: Paul A. Martin — 4/15/95 — (904) 789-3792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #