

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 # **724707** (5)

1. Corporation Name

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



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
11/02/1972

3a. Date of Last Report
04/20/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **LEONARD CRANE**
82 Street Address (P.O. Box Number is Not Acceptable)
1912 URBANA AVE.
83 **DELTONA, FL 32725**
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]

(NOTE: Registered Agent signature required when reinstating)

2/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	O'HARA, WILLIAM	
STREET ADDRESS	1760 S. TANNER CT.	
CITY-ST-ZIP	DELTONA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, MILDRED	
STREET ADDRESS	1811 ESCOBAL AVE.	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SULLIVAN, THEODORE	
STREET ADDRESS	1689 W. AKRON DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, JACK	
STREET ADDRESS	1318 W. PORTILLO DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLESBUK, JOSEPH	
STREET ADDRESS	1743 CHARLES DR.	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, KEN	
STREET ADDRESS	1700 CHAPEL DR.	
CITY-ST-ZIP	DELTONA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITE, MILDRED	
1.3 STREET ADDRESS	1811 ESCOBAR AVE.	
1.4 CITY-ST-ZIP	DELTONA, FL 32725	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD "PETE" TYO	
2.3 STREET ADDRESS	638 FT. SMITH BLVD	
2.4 CITY-ST-ZIP	DELTONA, FL 32738	
3.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARTIN, PAUL A.	
3.3 STREET ADDRESS	2379 OTIS AVE.	
3.4 CITY-ST-ZIP	DELTONA, FL 32738	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Financia **2/21/96** (905) **789-3792**
Date Daytime Phone #

CR2E037 (12/95)