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FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724707 (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

ASSOCIATION OF DELTONA, FLORIDA, INC.
AMERICAN LEGION POST #255, P.O. BOX 5037
DELTONA FL 32725ASSOCIATION OF DELTONA, FLORIDA, INC.
AMERICAN LEGION POST #255, P.O. BOX 5037
DELTONA FL 32728-50373. Date Incorporated or Qualified
11/02/19723a. Date of Last Report
03/06/1996

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

4. FEI Number

23-7406784

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, LEONARD
1912 URBANA AVENUE
DELTONA FL 32725

81 Name GERTRUDE J. WHITE

82 Street Address (P.O. Box Number is Not Acceptable)

1811 ESCOBAR AVE.

83

84 City DELTONA

FL

85 Zip Code 32725

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME WHITE, MILDRED
STREET ADDRESS 1811 ESCOBAR AVENUE
CITY - ST - ZIP DELTONA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME TYO, RONALD "PETER"
STREET ADDRESS 638 FT. SMITH BLVD
CITY - ST - ZIP DELTONA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE S ☐ DELETE
NAME SULLIVAN, THEODORE
STREET ADDRESS 1689 W. AKRON DRIVE
CITY - ST - ZIP DELTONA FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MARGARET P. TODA RIELLO
3.3 STREET ADDRESS 1689 BARROW ST.
3.4 CITY - ST - ZIP DELTONA FL 32725TITLE D ☐ DELETE
NAME BARNETT, JACK
STREET ADDRESS 1318 W. PORTILLO DRIVE
CITY - ST - ZIP DELTONA FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME JOSEPH R. KLESBOK
4.3 STREET ADDRESS 1743 CHAPEL DR.
4.4 CITY - ST - ZIP DELTONA, FL 32725TITLE MD ☐ DELETE
NAME MARTIN, PAUL A
STREET ADDRESS 2379 OTIS AVENUE
CITY - ST - ZIP DELTONA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME MCCARTHY, KEN
STREET ADDRESS 1700 CHAPEL DR.
CITY - ST - ZIP DELTONA FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME RAYMOND L. HEALY
6.3 STREET ADDRESS 2050 CLAREMONT DR.
6.4 CITY - ST - ZIP DELTONA, FL 3272514. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013742

CR2E037 (9/96)