


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90001 043 \*\*\*\*61.25

<b>DOCUMENT # 726033</b> 1. Entity Name <b>BRANDON AMERICAN LEGION POST 278 DEPARTMENT OF FLORIDA INC</b>					
Principal Place of Business 115 W CLAY AVE BRANDON, FL 33510 US			Mailing Address OF FL. INC. POST OFFICE BOX 127 VALRICO, FL 33594-0127 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6209742</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEREDITH, JOHN R</b> <b>8811 BARCIN CIRCLE</b> <b>RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD		TITLE		
NAME	JOHN, MEREDITH R <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	8811 BARCIN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEREDITH, DALE P		NAME	<b>MEREDITH, DALE P</b>	
STREET ADDRESS	<b>508 CLEARFIELD RD 2604 DURANT OAKS DR</b>		STREET ADDRESS	<b>2604 DURANT OAKS DR</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511 VALRICO, FL 33594</b>		CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	VD <input type="checkbox"/> Delete		TITLE		
NAME	PALMER, LOUIS		NAME		
STREET ADDRESS	1343 MONTE LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, MARK		NAME	<b>BRODERICK, JOSEPH</b>	
STREET ADDRESS	PO BOX 60		STREET ADDRESS	<b>1901 BELL SHORE RD</b>	
CITY-ST-ZIP	VALRICO, FL 335956060		CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	PD <input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEREDITH, ROGER A		NAME	<b>MEREDITH, ROGER</b>	
STREET ADDRESS	508 CLEARFIELD RD		STREET ADDRESS	<b>508 CLEARFIELD RD</b>	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE: <u>John R. Meredith TD</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>2/10/04</b> Daytime Phone <b>(813) 671-9477</b>	