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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90044 048 \*\*\*\*61.25

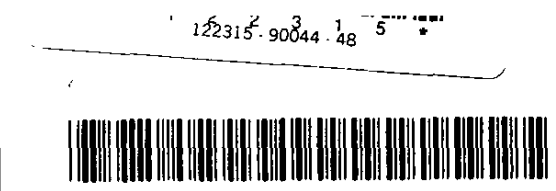
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732889**

1. Corporation Name  
**AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,  
DEPARTMENT OF FLORIDA**

Principal Place of Business P.O. BOX #53 SANFORD FL 32772	Mailing Address P.O. BOX #53 SANFORD FL 32772
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 <b>SANFORD FLORIDA</b> 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 <b>SANFORD FLORIDA</b> 29 Zip 30 Country	3. Date Incorporated or Qualified <b>05/30/1975</b>	4. FEI Number <b>59-6200272</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

**SMITH, JIM  
114 E JINKINS CIR  
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name  
**MICHAEL K. PROKOSCH**

82 Street Address (P.O. Box Number is Not Acceptable)  
**128 W. COLEMAN CIR.**

83 City  
**SANFORD FL.** 32773

84 City  
**SANFORD FL.** 85 Zip Code  
**FL 32773**

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 **MICHAEL K. PROKOSCH (COMMANDER)** *Michael K. Prokosch* **JANUARY 28, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SMITH, CD 114 E JINKINS CIR SANFORD FL 32771</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC BISHOP, DOUG P.O. BOX 2464 SANFORD FL 32772</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD GRAHAM, CHARLES B 855 SILVERADO COURT LAKE MARY FL 32746</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HILL, WILLIAM 1236 MULLET LAKE PARK ROAD GENEVA FL 32732</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC HARRINGTON, FRANK 116 LAKE DOT DRIVE SANFORD FL 32773</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR COURTNEY, TERRY 1571 DOYLE ROAD, BOX 91 DELTONA FL 32725</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>CD MICHAEL K. PROKOSCH 128 W. COLEMAN CIR. SANFORD FL. 32773</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: **MICHAEL K. PROKOSCH (COMMANDER)** *Michael K. Prokosch* **JANUARY 28, 1999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)