SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738558** **(6)**

1. Corporation Name
AMERICAN LEGION OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
1 ANDERSON CIRCLE ST. AUGUSTINE FL 32084	1 ANDERSON CIRCLE ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1977
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-1102200 ☐ 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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIS, AGNES
5 JOSIAH STREET
ST. AUGUSTINE FL 32804

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	CHARLES BEST	☑ Change ☐ Addition
NAME	CASTO, MIKE	12 NAME	P.O. Box 3001	
STREET ADDRESS	POST OFFICE BOX 527	13 STREET ADDRESS	St. Augustine Bch, FL	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	32084 P	
TITLE	T	21 TITLE	SAME	☐ Change ☐ Addition
NAME	DAVIS, AGNES	22 NAME		
STREET ADDRESS	5 JOSIAH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	24 CITY-ST-ZIP	S	
TITLE	D	31 TITLE	Richard Vetter	☑ Change ☐ Addition
NAME	CASTO, VERNON	32 NAME	25 Brigantine Ct	
STREET ADDRESS	103 LAQUINTA PLACE	33 STREET ADDRESS	St Augustine, FL 32084	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	T	
TITLE	D	41 TITLE	George Casto	☑ Change ☐ Addition
NAME	COX, JOHN	42 NAME	75 Lemon	
STREET ADDRESS	40 FULLERWOOD DRIVE	43 STREET ADDRESS	St. Augustine, FL 32084	
CITY-ST-ZIP	ST. AUGUSTINE FL	44 CITY-ST-ZIP	C	
TITLE	D	51 TITLE	Vernon Wantley	☑ Change ☐ Addition
NAME	TISONE, JOE	52 NAME	1 Anderson Cir	
STREET ADDRESS	1 ANDERSON CIRCLE	53 STREET ADDRESS	St. Augustine, FL 32084	
CITY-ST-ZIP	ST. AUGUSTINE FL	54 CITY-ST-ZIP	C	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: _____ 7-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001171