

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90032 025 ****61.25

DOCUMENT # 738558

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TALTON, ROBERT A.
403 SEGOVIA RD
ST AUGUSTINE FL 32086

81 Name

Nancy S. Brien

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

2203 N. Ponce de Leon Blvd.

83

84 City

St. Augustine

FL

85 Zip Code

32085

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 *Charles Best*

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 ☐ DELETE

NAME
BATES, BRUCE R
STREET ADDRESS
A ANDERSON CIRCLE
CITY-ST-ZIP
ST AUGUSTINE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VPD
SOLANO, DOYLE
STREET ADDRESS
1 ANDERSON CIRCLE
CITY-ST-ZIP
ST AUGUSTINE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STD
BEST, CHARLES
STREET ADDRESS
1 ANDERSON CIRCLE
CITY-ST-ZIP
ST AUGUSTINE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VPD
SOLANA, DOYLE
STREET ADDRESS
1 ANDERSON CIR.
CITY-ST-ZIP
ST. AUGUSTINE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
STEEN, DON
STREET ADDRESS
1 ANDERSON CIRCLE
CITY-ST-ZIP
ST AUGUSTINE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Charles Best* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Date

9048040680

Daytime Phone #

CR2E037 (5/99)