

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **745193** (3)

1. Corporation Name

WEST TAMPA MEMORIAL POST #248, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3217 W GROVE ST. (33614)
P.O. BOX 4235
TAMPA FL 33677**

**3217 W GROVE ST. (33614)
P.O. BOX 4235
TAMPA FL 33677**



3. Date Incorporated or Qualified

12/12/1978

3a. Date of Last Report

06/06/1995

4. FEI Number

59-6200890

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**NALES, JOHN
3217 W GROVE STREET
TAMPA FL 33614**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ESTEVEZ, BENNY**
STREET ADDRESS **2710 KATHLEEN ST.**
CITY - ST - ZIP **TAMPA FL**

TITLE **SVC** ☐ DELETE
NAME **VALLES, FRANK**
STREET ADDRESS **3227 WEST CLIFTON STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE **VCD** ☐ DELETE
NAME **GUINCHO, RALPH**
STREET ADDRESS **1208 N. ARMENIA AVENUE**
CITY - ST - ZIP **TAMPA FL**

TITLE **FOD** ☐ DELETE
NAME **NALES, JOHN**
STREET ADDRESS **3217 WEST GROVE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

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

6.5 CITY - ST - ZIP

6.6 CITY - ST - ZIP

6.7 CITY - ST - ZIP

6.8 CITY - ST - ZIP

6.9 CITY - ST - ZIP

6.10 CITY - ST - ZIP

6.11 CITY - ST - ZIP

6.12 CITY - ST - ZIP

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)(k), 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: *Benny Estevez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

Date

(813) 876-3697

Daytime Phone #

CR2E037 (3/96)