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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 25 1997 8:00am  
Secretary of State

DOCUMENT # 745193 (3)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NALES, JOHN  
3217 W GROVE STREET  
TAMPA FL 33614

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

3-20/97  
Date

(813) 876-3697  
Daytime Phone #

CR2E037 (12/95)