


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90121 010 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																												
<b>DOCUMENT # 745193</b>																																																																																																																																
1. Corporation Name <b>WEST TAMPA MEMORIAL POST #248, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.</b>																																																																																																																																
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																																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>12/12/1978</b> 4. FEI Number <b>59-6200890</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																												
9. Name and Address of Current Registered Agent <b>NALES, JOHN</b> <b>3217 W GROVE STREET</b> <b>TAMPA FL 33614</b>			10. Name and Address of New Registered Agent 81 Name <b>Benny ESTEVEZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2710 KATHLEEN ST</b> 83 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33607</b>																																																																																																																													
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 <i>Benny Estevez</i> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ESTEVEZ, BENNY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2710 KATHLEEN ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVC</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>VALLES, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3227 WEST CLIFTON STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VCD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GUINCHO, RALPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1208 N. ARMENIA AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>FOD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>NALES, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3217 WEST GROVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> DELETE	NAME	ESTEVEZ, BENNY		STREET ADDRESS	2710 KATHLEEN ST.		CITY-ST-ZIP	TAMPA FL		TITLE	SVC	<input type="checkbox"/> DELETE	NAME	VALLES, FRANK		STREET ADDRESS	3227 WEST CLIFTON STREET		CITY-ST-ZIP	TAMPA FL		TITLE	VCD	<input type="checkbox"/> DELETE	NAME	GUINCHO, RALPH		STREET ADDRESS	1208 N. ARMENIA AVENUE		CITY-ST-ZIP	TAMPA FL		TITLE	FOD	<input checked="" type="checkbox"/> DELETE	NAME	NALES, JOHN		STREET ADDRESS	3217 WEST GROVE		CITY-ST-ZIP	TAMPA FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td><b>THOMPSON, JAMES</b></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td><b>3201 IVY ST.</b></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td><b>TAMPA, FL 33607</b></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	<b>THOMPSON, JAMES</b>	4.3 STREET ADDRESS	<b>3201 IVY ST.</b>	4.4 CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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:

*Benny Estevez*  
 SIGNATURE AND, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 876-3697

CR2E037 (11/98)