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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

800001453788
-04/12/95--01002--003
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # **746070** **(2)**

1. Corporation Name

JAMERSON-SHEFFIELD POST 91, INC., THE AMERICAN L EGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
RT 2 BOX 208 A TRENTON FL 32693	RT 2 BOX 208 A TRENTON FL 32693

3. Date Incorporated or Qualified: 02/26/1979
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6200732 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CLIFTON, WILLIAM O.
505 SW 1ST ST
TRENTON FL 32693

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 607.0502 and 607.1508, 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 607.0505, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLIFTON, WILLIAM O 505 SW 1 ST TRENTON FL, 32693	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P/C/D Joe L . Blanchard Rt. 1, Bell, Box 322 N/A Bell, Fl 32619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DIXON, JOSEPH L RT 2 BOX 208 A N/A TRENTON FL 32693	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D Talmadge A. Polk Rt 2, Box 115 N/A Trenton, Fl 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSGROVE, MARTIN A. RT. 2, BOX 202 N/A TRENTON FL 32693	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition XX D Deaneys W. Weeks Rt 1, Box 429 N/A Bell, Fl 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAYFIELD, VERNON RT. 3, BOX 19 N/A TRENTON FL 32693	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	XX Change ☒ Addition D Amos Philman (error) Rt 2, Box 2758 N/A Bell, Fl 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRYMAN, RICHARD F. P.O. BOX 1271 N/A TRENTON FL 32693	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	XX Change ☐ Addition D William J. Brideson P. O. Box 938, Trenton, Fl 32693 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RIPLEY, JAMES H P O BOX 495 N/A TRENTON FL 32693 4-10-95 MST	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition D Brian Lewis Rte 2, Box 203 F N/A Trenton, Fl 32693

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: William O Clifton Director 4-6-95 (904)463-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000150