FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 746070

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

Principal Place of Business

Principal Place of Business

Mailing Address

RT 2 BOX 208 A TRENTON FL 32693

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RT 2 BOX 208 A TRENTON FL 32693



| 3. | Date Incorporated or Qualified 02/26/1979 | 3a. C | oate of Last Report 04/10/1995 |
|----|---|-------|-----------------------------------|
| 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 |

| Country Zip C | ountry | 8. This corporation has liability for intangible tax under s. 199.032, |
|---|--------|--|
| 2693 25 GIACHEIST 29 32693 30 | 911 | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| 9. Name and Address of Current Registered Agent | 81 | · · · · · · · · · · · · · · · · · · · |
| TON, WILLIAM O. | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| SW 1ST ST | 83 | |

84 City

CUF 505 SW 1ST TRENTON FL 32693

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 | | ANOTE: Doc | gistered Agent signature rec | ouired when reinstating) | DATE | | |
|-----------------|---|------------|------------------------------|--|------------|--------------------|--|
| | Signature, typed or printed name of registered agent and uto in expectation | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | | ID DIRECTORS IN 12 | |
| _12 | OFFICERS AND DIRECTORS | DELETE | 1.1 TITLE | 17 N | N ☐ Change | Addition | |
| TITLE | | Decert | | To L. BLANCH PH BOX 332 PH HAL 3 | ARD | | |
| NAME | CLIFTON, WILLIAM O | | 1.2 NAME | Joe Conson | | | |
| STREET ADDRESS | 505 SW 1 ST | | 1 3 STREET ADDRESS | Pt. 1304 23 6 0 | 2619 | Ì | |
| CITY - ST - ZIP | TRENTON FL | | 14 CITY-ST-ZIP | 13 Ch + -> | Change | Addition | |
| TITLE | STD | DELETE | 2.1 TITLE | | - Cytalige | | |
| NAME | DIXON, JOSEPH L | | 2 2 NAME | | | | |
| STREET ADDRESS | RT 2 BOX 208 A | | 2 3 STREET ADDRESS | | | Į | |
| CITY-ST-ZIP | TRENTON FL | | 2 4 CITY-ST-ZIP | | Change | Addition | |
| TITLE | VD | DELETE | 3 1 TITLE | | [Criange | L Hoomon | |
| NAME | COSGROVE, MARTIN A. | | 3 2 NAME | | | | |
| STREET ADDRESS | RT. 2, BOX 202 | | 3 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TRENTON FL 32693 | | 3.4. CITY-ST-ZIP | | Change | Addition | |
| TITLE | VD | DELETE | 4.1 TITLE | | Citalife | E Addition | |
| NAME | LAYFIELD, VERNON | | 4 2 NAME | | | | |
| STREET ADDRESS | RT. 3, BOX 19 | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TRENTON FL 32693 | | 4.4 CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE | D | DELETE | 5.1 TITLE | | L_1 Change | | |
| NAME | BRIDESON, WILLIAM J. | | 5.2 NAME | | | | |
| STREET ADDRESS | | ! | 5 3 STREET ADDRESS | 1 | | | |
| CITY-ST-ZIP | TRENTON FL 32693 | | 5.4 CITY - \$1 - ZIP | | ☐ Change | Addition | |
| TITLE | CD | DELETE | 61 TITLE | | Change | | |
| NAME | LEWIS, BRIAN | | 6.2 NAME | | | | |
| STREET ADDRESS | DT A DAY ONE BUA | | 63 STREET ADDRESS | 1 | | | |
| OTHER TENT | TRENTON FL | | 6 4 CITY - ST- ZIP | | | t a 1 & settings | |

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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:

Zip Code

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746070

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|---|--|--|-------------------|--|--|--|
| | Jamerson-Cheffield Post 91, The American Legion Schedule of Officers serving July 1, 1995-June 30, 1996 | | | | | |
| | Commander | Joe L. Blanchard Rt. 1, Box 332 Bell, Fl. 32619 | 46?-2247 | | | |
| * | lst. 7ice Commander | David C. Strom Rt. 2, Box 82 Branford, Fl. 32008 | 935 - 0248 | | | |
| | 2nd. Tice Commander | Vernon Layfield Rt. 3, Box 219 Trenton, Fl. 32693 | 46? - 2655 | | | |
| | Judge Advocate | William O. Clifton 2. O. Box 233 Trenton, Fl. 32693 | 463-2087 | | | |
| | Veteran Service Officer | Billism J. Brideson P. O. Box 928 Trenton, Fl. 32693 | 472-2375 | | | |
| | Chaplain | Amos Philman Rt. 2, Box 2758 Bell, Fl. 32619 | 935-3849 | | | |
| | Jergeant At Arms | Ted Henley P. O. Box 445 Prenton, Fl. 72697 | 469 - 2568 | | | |
| | Adjutant/Finance | Joseph L. Dimon At. 2, Box 208 A Prenton, Fl. 12692 | 472 - 2095 | | | |
| | Historian | Brian Lewis Rt. 2, Box 200 P Frenton, Fl. 32690 | 422-3957 | | | |
| | Extecutive Committee | Brian Jrawford Rt. 2, Box 170 Prenton, Fl. 32693 | 472 - 4612 | | | |
| | u n | Jerry J. Koontz ht. 1, Box 2847 Trenton, Fl. 02693 | 46^-6897 | | | |
| | 11 | Jim Cooper P. O. Box 822 Trenton, F1. 32693 | 472-4333 | | | |
| | 11 11 | Sam Ferguson Rt. 1, Box 110-4 Bell, Fl. 72619 | 46?-1409 | | | |
| | | | | | | |

Marcia King was elected but later had to decline to serve for reasons of employment.