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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746070**

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

Principal Place of Business	Mailing Address
9100 SW 62ND CT. TRENTON FL 32693 US	9100 SW 62ND CT. TRENTON FL 32693 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 559
Suite, Apt. #, etc.
27
City & State
28 TRENTON, Florida
Zip 29 32693 Country 30 Gilchrist

3. Date Incorporated or Qualifed
02/26/1979

4. FEI Number
59-6200732
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLIFTON, WILLIAM O		1.2 NAME		
STREET ADDRESS	505 SW 1 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL		1.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KING, MARCIA		2.2 NAME		
STREET ADDRESS	9100 SW 62ND CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILLIAM, JOSEPH W. (JOE		3.2 NAME		
STREET ADDRESS	P.O. BOX 37 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELL FL 32619		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ 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		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRIDESON, WILLIAM J.		5.2 NAME		
STREET ADDRESS	P.O. BOX 938 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MARILYN		6.2 NAME		
STREET ADDRESS	2151 NW 167TH PL.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Signature Required TREASURER 01/07/99 352-463-3170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #