

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746070

FILED
Feb 07, 2004
Secretary of State**Entity Name:** JAMERSON-SHEFFIELD POST 91, INC., THE AMERICAN LEGION, DEPARTMENT OF FLORIDA**Current Principal Place of Business:**4200 S US 129
BELL, FL 32619 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 559
TRENTON, FL 32693 US**New Mailing Address:****FEI Number:** 59-6200732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLIFTON, WILLIAM O.
505 SW 1ST ST
TRENTON, FL 32693 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: CLIFTON, WILLIAM O.
Address: 505 SW 1 ST
City-St-Zip: TRENTON, FL**Title:** PCD () Delete
Name: ROBINSON, CECIL
Address: 6100 NW 50TH STREET
City-St-Zip: BELL, FL 32619**Title:** ADJ () Delete
Name: WILLIAMS, MARILYN
Address: 2151 NW 167TH PL
City-St-Zip: TRENTON, FL 32693**Title:** FO () Delete
Name: STROUPE, MAJOR
Address: 10150 NE 35TH STREET
City-St-Zip: BRONSON, FL 32621**Title:** D () Delete
Name: EVIRS, FRED
Address: 14590 NW 72ND TERR
City-St-Zip: TRENTON, FL 32693**Title:** VPD () Delete
Name: GRAVELY, RONALD W
Address: 7680 SE 79TH LANE
City-St-Zip: TRENTON, FL 32693**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAJOR L. STROUPE

FO

02/07/2004

Electronic Signature of Signing Officer or Director

Date