FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 761159 (3)

1. Corporation Name

PORT ORANGE POST #270 OF THE AMERICAN LEGION, IN C.

Principal Place of Business	Mailing Address
220 CHARLES ST PORT ORANGE FL 32119 US	220 CHARLES ST PORT ORANGE FL 32119 US

3. Date Incorporated or Qualified: 12/16/1981
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-6200905 — Applied For / Not Applicable

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 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN THOMAS
176 LOQUAT LAS
PORT ORANGE FL 32127

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 ____ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAKALUZNY, WALTER
STREET ADDRESS	438 S. GREEN WAY DRIVE
CITY ST ZIP	PORT ORANGE FL
TITLE	D
NAME	~~PIERCE, EDWARD~~
STREET ADDRESS	~~9700 LACY LANE~~
CITY ST ZIP	~~NEW SMYRNA BCH FL~~
TITLE	D
NAME	CRAWFORD, JOHN T
STREET ADDRESS	175 LOQUAT LN
CITY ST ZIP	PORT ORANGE FL
TITLE	D
NAME	~~LAWLER, JEROME E~~
STREET ADDRESS	~~309 AUTUMN TRAIL~~
CITY ST ZIP	~~PORT ORANGE FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☒ Change ☐ Addition
2 2 NAME	Jacqueline Zabielski	
2 3 STREET ADDRESS	58 Lemon Twist Lane	
2 4 CITY ST ZIP	Port Orange, FL 32119	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☒ Change ☐ Addition
4 2 NAME	Jack Williams	
4 3 STREET ADDRESS	6077 Green Acres, S.	
4 4 CITY ST ZIP	Port Orange, FL 32119	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

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: Jacqueline Zabielski, Commander — 4-28-95 — (904) 788-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacqueline Zabielski, Commander

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