

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-6200905

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, JOHN THOMAS
.178 LOQUAT LAS
PORT ORANGE FL 32127

81 Name EUGENE L. MORRIS

82 Street Address (P.O. Box Number is Not Acceptable)
3603 SURFSIDE TERR

83

84 City DAYTONA BEACH, FL 85 Zip Code 32127

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME ZAKALUZY, WALTER
STREET ADDRESS 438 S. GREEN WAY DRIVE
CITY - ST - ZIP PORT ORANGE FL

DELETE

TITLE D
NAME ZABIELSKI, JACQUELINE
STREET ADDRESS 58 LEMON TWIST LANE
CITY - ST - ZIP PORT ORANGE FL

DELETE

TITLE D
NAME CRAWFORD, JOHN T
STREET ADDRESS 175 LOQUAT LN
CITY - ST - ZIP PORT ORANGE FL

DELETE

TITLE D
NAME WILLIAMS, JACK
STREET ADDRESS 1077 GREEN ACRES, S
CITY - ST - ZIP PORT ORANGE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COMMANDER
1.2 NAME EUGENE MORRIS
1.3 STREET ADDRESS 3603 SURFSIDE TERR
1.4 CITY - ST - ZIP DAYTONA BEACH, FL 32127

Change Addition

2.1 TITLE ADJUDANT
2.2 NAME EDWARD PIERCE
2.3 STREET ADDRESS 3708 LARK LN
2.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169

Change Addition

3.1 TITLE 1ST VICE COMMANDER
3.2 NAME VICTOR PHITT
3.3 STREET ADDRESS 2394 GUNNAR DR
3.4 CITY - ST - ZIP DAYTONA BEACH, FL 32124

Change Addition

4.1 TITLE FINANCE OFFICER
4.2 NAME RICHARD FARRELL
4.3 STREET ADDRESS 723 PRISOL LN
4.4 CITY - ST - ZIP PORT ORANGE, FL 32127

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

200001924782

-08/16/96--01066--032

***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96 704-788-2429

Date

Daytime Phone #

0001260

CR2E037 (3/96)