FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretar of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

761159

(3)

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

Principal Plac	e of Business	Mailing Addre	ess			ı sanını jadın grimi kirdi siadi diriz talı didir didir didir didir didir didir					
220 CHARLES ST PORT ORANGE FL 32119 US		220 CHARLES ST PORT ORANGE FL 32119-3426 US									
03		00				3. Date Incorporated or Qualified 12/16/1981	3a. Date of Las 08/16/1	t Report 996			
2. Principal P	lace of Business	2a. Mailing A	Mailing Address			4. FEI Number		Applied For			
21		26	26			59-6200905 Not Applicable					
Suite, Apt.	#, etc.	· ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional			
22		27				or Status Desired	Fee	Required			
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be				
23			28			Trust Fund Contribution	☐ Adde	ed to Fees			
Zip	Country	Zip	<u> </u>	Country	,	8. This corporation has liability for in		ır s. 199.032,			
24	25	[29]	30	······	 		Yes No				
	9. Name and Address of Curre	nt Registered Agei	nt	81	N1	10. Name and Address of New Reg	istered Agent				
				61	Name						
	EUGENE L			82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)				
	reside terr			<u> </u>		<u>'</u>	•				
DAYTON	A BEACH FL 32127			83							
				84	City		FL 85 Z	ip Code			
11. Pursuant	to the provisions of Sections 617.050	02 and 617 1508. FI	orida Statutes ti	he abov	a-named cor	rporation submits this statement for the pr	uroces of changin	a ite registered			
omce or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fiorida. Such cr	nange was autho	orized by	the corpora	ation's board of directors. I hereby accep	t the appointment	as registered			
	0 1				•						
SIGNATURE .	Signature typed or printed name of registered age	ent and title if applicable	INOTE: Rec	pistered Apr	ent signatura regu	Post Lo MI Town Bac)	DATE	1997			
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12			
TITLE	DC		DELETE	1.1 TITLE			☐ Chang				
NAME	Morris, Eugene			1.2 NAME			-				
STREET ADDRESS	3603 SURFSIDE TERR			1.3 STREET	ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32127			1.4 CITY - 9							
TITLE	DA		DELETE	2.1 TITLE			Chanc	e Addition			
NAME	PIERCE, EDWARD			2.2 NAME				,			
STREET ADDRESS	3708 LAEY LN			2.3 STREET	ADORESS						
CITY-ST-ZIP	NEW SMYRNA BEACH FL 321	168		2. 4 CITY-:							
TITLE	VPD		DELETE	3.1 TITLE			Chang	e			
NAME	PHITT, VICTOR TEROMO	I E. LAWE	ER	3.2 NAME							
STREET ADDRESS	POR CHAVADA 309 A	UTUMN T	AAIL	3.3 STREET	ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32124	32119		3.4. CITY-1				Ī			
TITLE	DFO	3 -117		4.1 TITLE) - LIF		☐ Chang	e Addition			
NAME		1 ST 14 H		4. 2 NAME			والفائد ب	in the second se			
STREET ADORESS	FARRELL, RICHARD FARREL	BLAKE AL		4.3 STREET	ADDRESS						
CITY-ST-ZIP	PORT-ORANGE FL-92127	32119			i						
TITLE	· VIII VIENITE I E VEIDI	····		4.4 CITY - S 5.1 TITLE	1-215		Chang	e Addition			
NAME				5.2 NAME			L) CHAIN	,o Li Addition			
STREET ADDRESS				5.3 STREET	ADDRESS						
•											
CITY-ST-ZIP TITLE	····		25.5	5.4 CITY - S	I-ZIP		D 04	n Addita			
				6.1 TITLE			L] Chang	pe L Addition			
NAME CARECA ARROGAGO				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADORESS						
CITY_CT_7ID				CAPITY P	ו מוכד						

SIGNATURE: Lucie Pollosses Elegant Bokais Jan 30 1997 (9018 788-6800

14. I do 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.

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(3)

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

Principal Place of Business Mailing Address										/** WILL WIN	, ,	D1211 1001	
20 CHARLES ST ORT ORANGE F		PORT O	220 CHARLES ST PORT ORANGE FL 32118-3426										
\$		US	US				·	3. Date incorporated or Qualified 3a. Date of Last Report 08/16/1996					
2. Principal Pla	ace of Business	├	2a. Mailing Address					4. FEI Number 59-6200905				lied For	
Suite. Apt 4	# 010		Suite, Apt. #, etc.					Not Applicable \$8.75 Additional					
12	+, U IO.	27						5. Certificate of Status Desired Fee Required					
City & State	}		City & State			·	6. Election Campaign Financing		\$5	.00 N	Asy Be		
:3	· · · · · · · · · · · · · · · · · · ·	26						Trust Fund Contribution			ded to		
Zip	Country Zip				Country			8. This corporation has liability for intengible tax under s. 199.032,					
4	25 9. Name and Address of Curren	29 nt Register		30	Florida Statutes Yes No 10. Name and Address of New Registered Agent								
	g. Hallo bita Addida di Galitali	ii ilogiotoit	Ju Agont		81	Nam	né	TO. THE PROPERTY OF THE PROPER					
MORRIS	FIRENE (8	-		and a C				
MORRIS, EUGENE L 3803 SURFSIDE TERR					82	Street Address (P.O. Box Number is Not Acceptable)							
DAYTONA	A BEACH FL 32127				83								
					84	City			FI	85	Zip Ci	ode	
11. Pursuant t	to the provisions of Sections 617.050	32 and 617.	1508. Florida Statute	as, the a	bove	e-name	ed corpo	oration submits this statement for th		of chang	ing its	registered	
office or re	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida	Such change was a	uthorize	d by	the c	orporatio	on's board of directors. I hereby ac	cept the ap	pointme	nt es r	egistered	
	<i>^</i>		_		•.	· //	0.5	- (ask., a., dee)		+ 2. 2	an.	_	
SIGNATURE _	signature, typed or printed name of registered age	eni and title if at	ppicable (NOTE	20 RR E: Registere		ani sipna	lure require	od when reinstating)	DATE	24,1	14.	<u></u>	
12.	OFFICERS AN	ID DIRECTO		13,				ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	DC		☐ DELETE	1.1 Ti	ITLE					☐ Chi	ange	Addition	
NAME	MORRIS, EUGENE			1.2 N	IAME							1	
STREET ADDRESS	3603 SURFSIDE TERR			1.3 \$	TREET	ADDRES	is						
CITY-ST-ZIP	DAYTONA BEACH FL 32127		-1	1.4 0	ITY-S	T-ZIP							
TITLE	DA		DELETE	2.1 T	TLE					☐ Chi	ange	Addition	
NAME	PIERCE, EDWARD			2.2 N	IAME		**						
STREET ADDRESS	3708 LAEY LN			2.3 S	TREET	I ADDRES	ss						
CITY-ST-ZIP	NEW SMYRNA BEACH FL 321	168				ST-ZIP							
TITLE	VPD		DELETE	3.1 T			1			Ch:	ange	Addition	
NAME	PHITT, VICTOR- JEKOR	-15 E	. LAWLER	3.2 N	AME		1		*				
STREET ADDRESS	2394 GUAVA DR 309 DAYTONA BEACH FL 32124	D-07 WJ-1	ARUGE FLA	3.3 \$	STREET	r addres	SS						
CITY-ST-ZIF	DIMPORT DESCRIPT		32119	3.4.1		ST-ZIP						Addison	
TITLE	DFO		DELETE	4.1 T						□ Ch	ange	☐ Addition	
NAME	FARRELL; RICHARD Em. 723 PRISSOL-LN 500	MRTT V I BLAK	W. HARTJR		NAME								
STREET ADDRESS	PORT ORANGE FL 32127 Soc	, 13 L/m	YOUR FLA 3211	4.35		T ADDRES	ss					;	
CITY - ST - ZiP	Front Grounds IL Selet See	ATIT UP	DELETE	5.1 T		ST-ZIP				Ch	anne	Addition	
			T OFFER		NAME		- 1			.اد ب	en go	recupui	
NAME						T ADDRE							
STREET ADDRESS							»						
CITY - ST - ZIF TITLE			☐ DELETE		TITLE	ST - ZIP				☐ Ch	anne	Addition	
NAME					NAME					_	•		
STREET ADDRESS						T ADDRE	•						
CITY - ST - ZIP						ST-ZIP	~						
14. Ldo heret	by certify that the information supplie	ed with this	filing does not quali	fy for the	e exe	emotic	n stated	in Section 119.07(3)(i), Florida Sta	tutes. I furti	ner certif	y that t	he	
. I am an o	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed, o	or the receiv	ver or trustee empow	vered to	exec	urate i cute tr	and that his report	my signature shall have the same t as required by Chapter 617, Flori	legal effect da Statutes	as it mad and tha	de und t my n	ier oath; that ame	

SIGNATURE: LAS SMAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAN 30 1997. (904) 789-6800