

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90251 029 ****61.25

DOCUMENT # 767615

1. Entity Name
**AMERICAN LEGION BOYS STATE & YOUTH FOUNDATION, I
NC.**



Principal Place of Business
**ION, INC.
300 AVE M N.W.
WINTER HAVEN FL 33881-2406**

Mailing Address
**ION, INC.
300 AVE M N.W.
WINTER HAVEN FL 33881-2406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2569078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTOX, RAY
470 E CENTRAL AVE
WINTER HAVEN FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

689 LK. HOWARD DR. N.W. 33880
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BELL, WALTER**
STREET ADDRESS **98 FIRST STREET**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAROTTI, JOHN**
STREET ADDRESS **1250 HOWARD TERRACE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MATTOX, RAY**
STREET ADDRESS **151 AVE. B S.E.**
CITY-ST-ZIP **WINTER HAVEN FL 33885**

TITLE **PD** ☐ Change ☒ Addition
NAME **MATTOX, RAY**
STREET ADDRESS **689 LK. HOWARD DR. N.W.**
CITY-ST-ZIP **WINTER HAVEN, FLA. 33880**

TITLE **TD** ☒ Delete
NAME **RAIDEN, BILLY ROSS**
STREET ADDRESS **2020 COUNTRY CLUB RD. N.**
CITY-ST-ZIP **WINTER HAVEN FL 33882**

TITLE **TD** ☒ Change ☐ Addition
NAME **IRBY, TIM**
STREET ADDRESS **277 MAGNOLIA AVE SW**
CITY-ST-ZIP **WINTER HAVEN, FLA. 33880**

TITLE **D** ☐ Delete
NAME **MITCHELL, JOHN K.**
STREET ADDRESS **232 6TH ST. N.W.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ray Mattox, PD FEB. 4, 03 299-9673

CR25037 1/10/02