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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 767801 (4)

1. Corporation Name

SPRING HILL AMERICAN LEGION POST #186, INC.



Principal Place of Business

Mailing Address

4140 COMMERCIAL WAY
SPRING HILL FL 34606-6339

4140 COMMERCIAL WAY
SPRING HILL FL 34606-2353

3. Date Incorporated or Qualified
04/05/1983

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
37-0023500

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

SCHEERER, HERBERT
12369 CORVETTE LN
BROOKSVILLE FL 34614

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO
NAME ANDERSON, ROLLAND L
STREET ADDRESS 8422 OMAHA CIRCLE
CITY-ST-ZIP SPRING HILL FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD MURRAY, CHARLES E.
12332 CORDOVA LANE
BROOKSVILLE, FL

X Change Addition

TITLE VP
NAME HERNANDEZ, LUIS M
STREET ADDRESS 11319 RAINBOW WOODS LOOP
CITY-ST-ZIP SPRING HILL FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP EDWARD YOUNG
11096 KNUCKEY RD
WEEKI WACHEE, FL

X Change Addition

TITLE SD
NAME ANDERSON, ROLLAND L.
STREET ADDRESS 8422 OMAHA CIRCLE
CITY-ST-ZIP SPRING HILL FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD ANDERSON ROLLAND
8422 OMAHA CIRCLE
SPRING HILL FL 34608

X Change Addition

TITLE PD
NAME MURRAY, CHARLES E.
STREET ADDRESS 12332 CORDOVA LANE
CITY-ST-ZIP BROOKSVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD BENNETT, RON
8284 APPLE ORCHARD RD
SPRING HILL, FL 34606

X Change Addition

TITLE 2VP
NAME RUNDELL, ROBERT W
STREET ADDRESS 1496 GREENVIEW AVE
CITY-ST-ZIP SPRING HILL FL

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

2VP SANFORD PATE
7281 BLACK HAWK TRAIL
SPRING HILL, FL 34606

X Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

X Change Addition

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.

SIGNATURE:

Rolland L. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-97 (352) 686-2952
Date Daytime Phone # 000425

CR2E037 (9/96)