

FILE NOW: FILING FEE IS \$61.25

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Jul 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767801 (4)
1. Corporation Name
SPRING HILL AMERICAN LEGION POST #186, INC.

Principal Place of Business 4140 COMMERCIAL WAY SPRING HILL FL 34066-6339	Mailing Address 4140 COMMERCIAL WAY SPRING HILL FL 34066-6339
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2. Principal Place of Business 21 12091 CORTAZ BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 12091 CORTAZ BLVD Suite, Apt. #, etc.
22 City & State 23 Brooksville FL Zip 24 34613	27 City & State 28 Brooksville FL Zip 29 34613

9. Name and Address of Current Registered Agent
**SCHNEIDER, HERBERT
12389 CORVETTE LN
BROOKSVILLE FL 34814**

10. Name and Address of New Registered Agent
81 Name **CHARLES E MURRAY**
82 Street Address (P.O. Box Number is Not Acceptable)
12332 Cordova Lane
83
84 City **Brooksville** FL 85 Zip Code **34613**

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 **CHARLES E MURRAY** **Charles E Murray** **2-16-98**
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, ROLLAND L		1.2 NAME Kennedy, George H.	
STREET ADDRESS 8422 OMAHA CIRCLE		1.3 STREET ADDRESS 4771 Bayridge ST	
CITY-ST-ZIP SPRING HILL FL		1.4 CITY-ST-ZIP Spring Hill, FL 34606	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, EDWARD		2.2 NAME	
STREET ADDRESS 11096 KNUCKEY RD		2.3 STREET ADDRESS	
CITY-ST-ZIP WEEKI WACHEE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, RON		3.2 NAME	
STREET ADDRESS 8284 APPLE ORCHARD RD		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, CHARLES E.		4.2 NAME	
STREET ADDRESS 12332 CORDOVA LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATTE, SANFORD		5.2 NAME Kenny Monte Nori, LAWRENCE W.	
STREET ADDRESS 7281 BLACKHAWK TRAIL		5.3 STREET ADDRESS 3707 Lamson Ave	
CITY-ST-ZIP SPRING HILL FL		5.4 CITY-ST-ZIP Spring Hill, FL 34608	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **George H. Kennedy** **1-14-98** **352-597-9995**

CR2E037 (10/97)