

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03968 (7)

1. Corporation Name

FLORIDA AMERICAN LEGION BOYS' STATE, INC.



Principal Place of Business

1912 LEE RD
P O BOX 7936
ORLANDO FL 32810-5704

Mailing Address

1912 LEE RD
P O BOX 7936
ORLANDO FL 32810-5704

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/29/1984

3a. Date of Last Report
02/22/1995

4. FEI Number

59-2042062

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

SHANNON, DYKE E.
1912 LEE RD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE
NAME TIMMONS, WILSON R.
STREET ADDRESS 1912 LEE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ DELETE
NAME SHANNON, DYKE E.
STREET ADDRESS RT.5, BOX 481
CITY-ST-ZIP SANFORD FL

TITLE D ☐ DELETE
NAME WEHRLI, GEORGE W
STREET ADDRESS RT 12 FAWN DR
CITY-ST-ZIP LAKE CITY FL

TITLE D ☐ DELETE
NAME RAIDEN, BILLY ROSS
STREET ADDRESS COUNTRY CLUB RD
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE
NAME WILLIAMS, CHUCK
STREET ADDRESS 1912 LEE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME RUTHERFORD, W E BILL
STREET ADDRESS RT 1 BOX 140
CITY-ST-ZIP PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME DeLong, David
1.3 STREET ADDRESS 1912A Lee Road
1.4 CITY-ST-ZIP Orlando, FL 32810 ☐ Change ☐ Addition

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

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

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

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

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

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:

David DeLong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David DeLong, Chairman

3/8/96

Date

(407) 295-2631

Daytime Phone #

CR2E037 (12/95)