

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90022 024 ****61.25

DOCUMENT # N03968

1. Entity Name
FLORIDA AMERICAN LEGION BOYS' STATE, INC.



Principal Place of Business
**1912 LEE RD
P O BOX 7936
ORLANDO, FL 32810-5704**

Mailing Address
**P.O. BOX 547936
ORLANDO, FL 32854**

24000926



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2042062

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHANNON, DYKE E.
1912 LEE RD
ORLANDO, FL 32810**

Name

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

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE **D** ☒ Delete
NAME **WILLIAMS, PALMERS**
STREET ADDRESS **1912 A LEE RD**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **ST** ☐ Delete
NAME **DYKE, SHANNON E**
STREET ADDRESS **1912 A LEE ROAD**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☒ Delete
NAME **STRAINGE, LAWRENCE**
STREET ADDRESS **312 NW 10TH AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **C** ☐ Delete
NAME **HILL, CLARENCE**
STREET ADDRESS **1912- A LEE RD**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **SISCO, DEAN**
STREET ADDRESS **P.O. BOX 637**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **D** ☐ Delete
NAME **WEHRLI, GEORGE**
STREET ADDRESS **PO BOX 1846**
CITY-ST-ZIP **LAKE CITY, FL 320561846**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Deric Feacher**
STREET ADDRESS **1912 A Lee Rd**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Change ☒ Addition
NAME **Omar Smith**
STREET ADDRESS **1912-A Lee Rd.**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Knight**
STREET ADDRESS **1912-A Lee Rd.**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Change ☒ Addition
NAME **Reginald Beverly**
STREET ADDRESS **1912-A Lee Rd.**
CITY-ST-ZIP **ORLANDO, FL 32810**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04

Date

407-295-2631

Daytime Phone #