

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90019 028 ****61.25

DOCUMENT # N04018

1. Entity Name

**ZEPHYR POST #118, AMERICAN LEGION,
INCORPORATED**



Principal Place of Business

**5340 8TH ST.
ZEPHYRHILLS FL 33542
US**

Mailing Address

**5340 8TH ST.
ZEPHYRHILLS FL 33542
US**

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

59-6200716

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

**COLANDRIA, JR. LOUIS
5410 SATSUMA
ZEPHYRHILLS FL 33540**

Name

John A. Rupert

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

35230 Dobie Dr.

City

Zephyrhills

FL

Zip Code

33541

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

John A. Rupert

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **COLANDRIA, JR. LOUIS**
STREET ADDRESS **5410 SATSUMA DR.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE **COMMANDER** ☒ Change ☐ Addition
NAME **JOHN A RUPER**
STREET ADDRESS **35230 DOBIE DR.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **1VCD** ☐ Delete
NAME **AMERMAN, JAMES**
STREET ADDRESS **7138 FORT KING RD.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **1st. Vice Commander D** ☒ Change ☐ Addition
NAME **William Kustes**
STREET ADDRESS **39144 Woodland Dr**
CITY-ST-ZIP **Zephyrhills, FL 33542**

TITLE **ADS** ☐ Delete
NAME **KUSTES, WILLIAM**
STREET ADDRESS **39144 WOODLAND DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE **Adjutant D** ☒ Change ☐ Addition
NAME **Donna Brewer**
STREET ADDRESS **5106 Clementine Ln.**
CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE **DFO** ☐ Delete
NAME **HANSBERGER, W.C.**
STREET ADDRESS **6209 PUEBLO DR.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE **Same** ☐ 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

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: **John A. Rupert**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #