

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90039 031 ****61.50

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1. Entity Name
GROVELAND-MASCOTTE MEMORIAL POST #239, INC.



Principal Place of Business
**307 AMERICAN LEGION RD
MASCOTTE, FL 34753**

Mailing Address
**PO BOX 932
GROVELAND, FL 34736**

40113010



DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURARO, LOUIS J
337 E. SUNSET ST
GROVELAND, FL 34736**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURARO, LOUIS J
337 E SUNSET STREET
GROVELAND, FL 34736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULMAN, CLEMENT
250 ELBERTA STREET
GROVELAND, FL 34736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUNDQUIST, JUDY
5605 EMPIRE CHURCH RD
GROVELAND, FL 34736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]