

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N06627 (6)

1. Corporation Name

THE AMERICAN LEGION POST 247, INC.

Principal Place of Business

3710 19TH AVE SW
NAPLES FL 33964-3142

Mailing Address

3710 19TH AVE SW
NAPLES FL 33964-3142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1984

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2588004

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRINGER, EDWARD C.
3710 19TH AVENUE SW
NAPLES FL 33964

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TALLEY, ARLESS A
STREET ADDRESS 250 22ND AVE NW
CITY - ST - ZIP NAPLES FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DS
NAME FERRINGER, EDWARD C.
STREET ADDRESS 3710 19TH AVENUE SW
CITY - ST - ZIP NAPLES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

8000014880008
-05/24/95--01042--013
*****61.25 *****61.25

TITLE D
NAME SCHMIDT, FRANK
STREET ADDRESS 256 PEBBLE BEACH BLVD.
CITY - ST - ZIP NAPLES FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

8000014980008
-05/24/95--01042--014
*****68.75 *****68.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

TEH 5-22-95

REMITTED BY MAY 1

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 110.07(3)(b), 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: EDWARD C. FERRINGER

Edward C. Ferringer
Finance Officer

813/353-0952