NONPROFIT CORPORATION ANNUAL REPORT



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

1996
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DOCUMENT #
1. Corporation Name

(9)

WEST HOLLYWOOD LEGION HOME CORPORATION										
Principal Place of Business Mailing Address				·· ·····		- C DECISION DEL CONTROL DEL CONTROL DE CONT	OLDI OLDIH AKDIL DIQIL BID			
H	25 N 64 AV IOLLYWOOD IS	ENUE FL 33024-7700		25 N 64 AVENUE OLLYWOOD FL 3302	4					
	•						3. Date Incorporated or Qualified 06/06/1985	3a. Date of Las 01/26/		
—	Principal Pl	ace of Business	<b>⊢</b> ¬	Mailing Address			4. FEI Number		Applied For	
21	College And	u	26	<u> </u>			59-6200349		Not Applicable	
22	Suite, Apt.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	75 Additional Required	
<u> </u>	City & State	Э		City & State			6. Election Campaign Financing		<b>00</b> May Be	
23	Zip	Country	28	Zip	Country		Trust Fund Contribution	Aoid	led to Fees	
24	ZΨ	25)	29	Zip	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes 🔲 No	s. 199.032,	
		9. Name and Address of (		ered Agent		·····	10. Name and Address of New Ro			
		<del></del>			81	Name /		1111 71	1/	
	CREEDE	MAN, FRANCES M			82		EDRGE J / F	742-11	<u> </u>	
	6605 SIMMS ST					Street Addr	(28) LO (50)	ess (P.O. Box Number is Not Acceptable)		
		OOD FL 33024			83			<del> </del>		
					84	04.				
					[84]	City He	ollywood	FL  85   =	35254	
11	- Or reguster	ed agent or both in the State o	of Florida, Such	chance was authori:	zed by the corpo	med corpor ration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing its intment as registere	registered office ad agent. I am	
tamiliar with, and accept the obligations of, Section 67.0503/Florida Statutes.								الحيابي	95	
SIGNATURE Signature, typed or printed name of registered against and the rapplicable. INOTE: Reg						signature remain	id when reinstating	DATE	73	
12			RS AND DIREC		13.	ang colore texture	ADDITIONS/CHANGES TO OFFI		ORS IN 12	
TITL	.E	Р		<b>□ DELETE</b>	1.1 TITLE	T.	) P	Change		
NA	ME	BAILEY, ELMER G			1.2 NAME	16	bochenex, lea	J1		
STA	ieet address	6428 MAYO ST	•		1.3 STREET A	(DDRESS   🖒	1920035 41	に		
CIT	Y-ST-ZIP	HOLLYWOOD FL			1.4 City-ST	-ZIP #	Hollywood Fe 33	312		
TITL	.E	D		<b>∏</b> OĒLETE	2.1 TITLE	Ĺ	)V	Change	☐ Addition	
NAA	AE	MOULDING, DR. STANLI	ey Jr		2.2 NAME	🔁	Patrick, Gilaquir	1		
STR	EET ADDRESS	2401 NORTH 59TH TER	RAGE		2 3 STREET A	DDRESS 2	3421NW 7 C+ -	•		
CIT	Y-ST-21P	HOLLYWOOD FL			2 4 CITY-ST	ZIP P	empoke lines It	, 330a	✓	
TITL	.E	TD		<b>G</b> ØELETE	3.1 TITLE	<b>I</b>	25	: Change	Addition	
NAA		CREEDEMAN, FRANCES	}		3 2 NAME	[	ECKIEY, MU C	ı		
STR	EET ADDRESS	6605 SIMMS ST.	•		3.3 STREET A		661 Douglas ST.			
	Y-ST-ZIP	HOLLYWOOD FL		CE) p.c. exc	3.4 CITY-ST			024		
TITL	- 1	SD		<b>∰</b> DELETE	4.1 TITLE		3T.	☐-Chánge	☐ Addition	
NAN		KRUG, LUCILLE			4. 2 NAME	14	uling, GEORGE J.			
	EET ADDRESS	2210 TAYLOR ST. #106			4.3 STREET A		1080 Wilson 3+	24		
	Y-ST-ZIP	HOLLYWOOD FL		DELETE	4.4 CITY - ST-	-ZIP (	topy whoch FL 330	F1066	- I de division	
TITL NAN					5.1 TITLE	5	) "	Change	☐ Addition	
	ÆET ADORESS				5.2 NAME	DOBLCC   H	Clug, Lucille	1106		
	Y-ST-ZIP				5.3 STREET A	DUMESS G	Kryg, Lucille Daid Taylors+ + Hollywood, FL 33	<del>-</del> -		
TITL				DELETE	5.4 CITY - ST- 6.1 TITLE	· ZIP	1011an colx 11 0 33	Change □ Change	Addition	
NAN	!				6.2 NAME			onenge		
	EET ADDRESS				6.3 STREET A	DDBESS				
	1-ST-ZIP				6.4 CITY - ST					
		y certify that the information suc	polied with this f	ling is voluntarily furr			or the exemption stated in Section 119.0	7/3)/k) Florida Statu	ites I further	

roof he buy certify that the information supplied with this limit is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: \_\_

SIGNATURE AND TYPED ON PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)