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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09634

1. Corporation Name

WEST HOLLYWOOD LEGION HOME CORPORATION

Principal Place of Business

725 N 64 AVENUE  
HOLLYWOOD FL 33024-7700  
US

Mailing Address

725 N 64 AVENUE  
HOLLYWOOD FL 33024



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

06/06/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6200349

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HULING, GEORGE J.  
7080 WILSON STREET  
HOLLYWOOD FL 33024

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME BOCHENCK, LEO J  
STREET ADDRESS 5792 SW 35 AVENUE  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV ☐ DELETE  
NAME GLADWIN, PATRICK  
STREET ADDRESS 8421 NW 7TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE  
NAME ECKLEY, PAUL  
STREET ADDRESS 6661 DOUGLAS STREET  
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT ☐ DELETE  
NAME HULING GEORGE J  
STREET ADDRESS 7080 WILSON STREET  
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME KRUG, LUCILLE  
STREET ADDRESS 2210 TAYLOR STREET #106  
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)