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

**FILED**
**Feb 06, 2004 8:00 am**
**Secretary of State**
02-06-2004 90028 020 ****61.25

DOCUMENT # N16930

1. Entity Name

THE AMERICAN LEGION HAROLD JOHNS POST 62, DEPARTMENT OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 319 STYPMANN BLVD.<br>STUART FL 34994-2238<br>US | 319 STYPMANN BLVD.<br>STUART FL 34994-2238<br>US |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country MARTIN | Zip / Country MARTIN |

4. FEI Number 59-2352040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOUSEWORTH, CHARLES
1102 E MADISON AVEN
STUART FL 34996

**7. Name and Address of New Registered Agent**

Name John Morrell

Street Address (P.O. Box Number is Not Acceptable) 1549 SW Nervia Ave

[redacted]

City Port St Lucie FL Zip Code 34953

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 Morrell 1-30-2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25 Due By May 1, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARRON, CATHY L<br>596 SW 34TH TERR.<br>PALM CITY FL 34990 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHARLES HOUSEWORTH<br>1102 E. Madison Ave<br>STUART, FL 34996 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOLAN, TERRY<br>1240 STARFISH LANE<br>STUART FL 34996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLETTE, BRUCE<br>3295 SE GARDEN ST<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MORRELL, JOHN<br>1549 SW NERVIA AVE<br>PORT SAINT LUCIE FL 34953 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Registered Agent.<br>John Morrell ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RUTLEDGE, LARRY<br>3085 SE BONITA ST<br>STUART FL 34997 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Joseph Anderson<br>1722 SW Waterfall Bl.<br>Palm City, FL 34990 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCKEON, ED<br>4983 S.W. LAKE GROVE CIR.<br>PALM CITY FL 34990 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 Morrell 1-30-04 772-336-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #