2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90044 046 ****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. STUART FL 34994-2238 US	319 STYPMANN BLVD. STUART FL 34994-2238 US

☒ CHECK HERE IF MAKING CHANGES

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

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	7. Name and Address of New Registered Agent
HOUSEWORTH, CHARLES 1102 E MADISON AVENUE STUART FL 34996	Name Street Address (P.O. Box Numbers Not Acceptable) City **FL** Zip Code

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] CHARLES HOUSEWORTH COMMANDER 1-14-03
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

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 MCNAMEE, LAWRENCE J 2732 SWMATHESON AVE PALM CITY FL 34990	☒ Delete	D CATHY L BARRON 596 SW 34TH TERRACE PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLAN, TERRY 1240 STARFISH LANE STUART FL 34996	☐ Delete	D MC KEON 4983 SW LAKE GROVE CIRCLE PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLETTE, BRUCE 3295 SE GARDEN ST STUART FL 34997	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORRELL, JOHN 1549 SW NERVIA AVE PORT SAINT LUCIE FL 34953	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUTLEDGE, LARRY 3085 SE BONITA ST STUART FL 34997	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: [signature] JOHN MORRELL FINANCE OFFICER 1-14-03 772 336 8381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR