

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N18597

1. Entity Name
THE ORLANDO MEMORIAL POST #19, INC.
AMERICAN LEGION OF FLORIDA



Principal Place of Business
2101 LEE ROAD
ORLANDO, FL 32810

Mailing Address
2101 LEE ROAD
ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0522999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEATH, JANINE M
7747 MARIAH COURT
ORLANDO, FL

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CM
HEATH, JANINE M
2075 WENTHWORTH CR
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
BUSBY, NORM
8818 ELBA WAY
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STECKEL, JACK
2810 BERMUDA AVE N
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CORBETT, JOHN
1430 VALOR ST
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000194420
01/25/05-80101-016 61.25

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IN THIS SPACE**

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: J.H. STECKEL, FINANCE OFFICER 24 January 2005 407-293-9815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #