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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:11

DOCUMENT # **N20229** (3)

1. Corporation Name
THE AMERICAN LEGION POST 344, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540822 MERRITT ISLAND FL 32954-0822 US	221 DIXIE LANE ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1987
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2889179 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

KISER, ROBERT C.
390 SANDERS LANE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~ D	11 TITLE	D	☑ Change ☐ Addition
NAME	BRADSHAW	12 NAME		
STREET ADDRESS	300 SPRUCE AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLD. FL	14 CITY-ST-ZIP		
TITLE	~~SD~~ P	21 TITLE	P	☑ Change ☐ Addition
NAME	KISER, ROBERT C.	22 NAME		
STREET ADDRESS	390 SANDERS LN.	23 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SKYWARK, CARL	32 NAME		
STREET ADDRESS	219 DIXIE LN	33 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	34 CITY-ST-ZIP		
TITLE	~~P~~ D	41 TITLE	O	☑ Change ☐ Addition
NAME	GRIMSLEY, EUGENE A	42 NAME		
STREET ADDRESS	1514 CLEARLAKE RD	43 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILLIS, KIRK	52 NAME		
STREET ADDRESS	22 B CARMAIT ST.	53 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	54 CITY-ST-ZIP		
TITLE	~~P~~ V	61 TITLE	V	☑ Change ☐ Addition
NAME	ALLEN, JOHN	62 NAME		
STREET ADDRESS	2400 N. TROPICAL TRL.	63 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert C. Kiser Robert C. Kiser 4-4-95 407-452-0536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004037