

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20867** (0)

1. Corporation Name

**JANE A. DELANO, POST #122, INC. AMERICAN LEGION,
DEPARTMENT OF FLORIDA**



Principal Place of Business

**600 AMERICAN LEGION DRIVE
MADEIRA BCH FL 33708
US**

Mailing Address

**600 AMERICAN LIGON DRIVE
MADEIRA BCH FL 33708
US**

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **04/12/1995**

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

4. FEI Number **59-6143664** 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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARCAND, JOAN M.
112 92ND AVE
TREASURE ISLAND FL 33706**

81 Name **JOAN M. ARCAND**
82 Street Address (P.O. Box Number is Not Acceptable)
5674 BAY PINES LAKE BLVD.
83
84 City **ST PETERSBURG** FL 85 Zip Code **33708**

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 *Joan M. Arcand* P. **JOAN M. ARCAND** 3/25/96
Signature, typed or printed name of registered agent and firm if applicable (Not E. Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHAFFER, ALVARETTA	1.2 NAME	
STREET ADDRESS	1425 CANTERBURY RD N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KIRKMAN, ALICE	2.2 NAME	
STREET ADDRESS	6035 51ST AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PARKER, DOROTHY P	3.2 NAME	
STREET ADDRESS	RICHMOND HILLS 1813 NORTH VIEW RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ARCAND, JOAN	4.2 NAME	P JOAN M. ARCAND
STREET ADDRESS	112 92ND AVE	4.3 STREET ADDRESS	5674 BAY PINES LAKE BLVD
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP	ST PETERSBURG, FLA 33708
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Alice Kirkman* T. **D. ALICE KIRKMAN** 3/20/96 813) 544-3579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (List) (List)

CR2E037 (12/95)