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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

600 AMERICAN LEGION DRIVE
MADEIRA BCH FL 33708
US

600 AMERICAN LIGON DRIVE
MADEIRA BCH FL 33708-2819
US



3. Date Incorporated or Qualified
04/27/1987

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

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.
5674 BAY PINES LAKE BLVD
ST. PETEREBURG FL 33708

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 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, Ch.

(NOTE: Registered Agent signature required when reinstating)

8 Jan. 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D SHAFER, ALVARETTA
NAME 1425 CANTERBURY RD N
STREET ADDRESS ST PETERSBURG FL
CITY - ST - ZIP

1.1 TITLE D
1.2 NAME MARY E. MARKLE
1.3 STREET ADDRESS 4373 13th AVE. So.
1.4 CITY - ST - ZIP GULFPORT, FL. 33707-3113

TITLE D KIRKMAN, ALICE
NAME 6035 51ST AVE. N.
STREET ADDRESS ST. PETERSBURG FL
CITY - ST - ZIP

2.1 TITLE D
2.2 NAME ANASTASIA HARTLEY
2.3 STREET ADDRESS 4620 Coral Cove #109 (Sea Towers)
2.4 CITY - ST - ZIP ST Petersburg, FL. 33708-2848

TITLE D PARKER, DOROTHY P
NAME RICHMOND HILLS 1813 NORTH VIEW RD
STREET ADDRESS LARGO FL
CITY - ST - ZIP

3.1 TITLE D
3.2 NAME EKA Giffrow
3.3 STREET ADDRESS 2121 Ridge Rd. Villa X-136
3.4 CITY - ST - ZIP Largo, FL. 34645-1613

TITLE P
NAME ARCAND, JOAN
STREET ADDRESS 5674 BAY PINES LAKE BLVD
CITY - ST - ZIP ST. PETERSBURG FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

Joan M. Arcand JOAN M. ARCAND

Date

1-8-97

Daytime Phone # 0050327

CR2E037 (9/96)