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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	AMERICAN LEGION POST #22 PO BOX 114 BAY PINES FL 33477 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 AMERICAN legion Post 122
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Bay Pines FL
24 Zip	29 33708
25 Country	30 US

3. Date Incorporated or Qualified	04/27/1987
4. FEI Number	59-6143664
Applied For	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ARCAND, JOAN M. 5674 BAY PINES LAKE BLVD ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 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 <i>Joan M. Arcand</i> <i>JOAN M. ARCAND</i> 1-5-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MARY E. MARKLE
STREET ADDRESS	6373 13TH AVE S.
CITY-ST-ZIP	GULFPORT FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ANASTASIA HARTLEY
STREET ADDRESS	4620 CIR. COVE #109 (SEA TOWERS)
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ELDA GIFFROW
STREET ADDRESS	2131 RIDGE RD. VILLA X-136
CITY-ST-ZIP	LARGO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ARCAND, JOAN
STREET ADDRESS	5674 BAY PINES LAKE BLVD
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	FRANCES L. DIXON
STREET ADDRESS	2188 BLOCCINE CT. SO.
CITY-ST-ZIP	ST PETERS BURG FLA 33712-4433
TITLE	<input type="checkbox"/> DELETE
NAME	MARIA BUTTEWORTH
STREET ADDRESS	4252 47th Ave #94
CITY-ST-ZIP	ST. PETERSBURG FL 33708-3852

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY E. MARKLE
1.3 STREET ADDRESS	1847 SHORE DRIVE SO. # 516
1.4 CITY-ST-ZIP	So. PASADENA, FL. 33707-4725
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANASTASIA HARTLEY
2.3 STREET ADDRESS	4620 Circle COVE #109
2.4 CITY-ST-ZIP	ST PETERSBURG FL 33708-2848
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELDA G. Giffrow
3.3 STREET ADDRESS	2131 Ridge Rd Villa X136
3.4 CITY-ST-ZIP	LARGO FL 33778
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	President (COMMANDER)
4.3 STREET ADDRESS	5674 BAY PINES LAKE BLVD -
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33708-3526
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALVARETTA Shaffer
5.3 STREET ADDRESS	1425 CANTERBURY RD. No
5.4 CITY-ST-ZIP	ST PETERSBURG FLA 33710-6304
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: <i>Joan M. Arcand</i> <i>JOAN M. ARCAND</i> 1-5-98 812-307 7448

CR2E037 (10/97)