

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90237 034 ****61.25

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DOCUMENT # N20867

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 122
BAY PINES FL 33477
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 33744

3. Date Incorporated or Qualified

04/27/1987

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

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

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME MARY E. MARKLE
STREET ADDRESS 1847 SHORE DRIVE SO., #516
CITY-ST-ZIP SO. PASADENA FL 33707-4725

TITLE T ☒ DELETE
NAME ANASTASIA HARTLEY
STREET ADDRESS 4620 CIRCLE COVE #109
CITY-ST-ZIP ST. PETERSBURG FL 33708-2848

TITLE V ☒ DELETE
NAME ELDA GIFFROW
STREET ADDRESS 2131 RIDGE RD. VILLA X-136
CITY-ST-ZIP LARGO FL 33778

TITLE PC ☐ DELETE
NAME ARCAND, JOAN M
STREET ADDRESS 5674 BAY PINES LAKE BLVD
CITY-ST-ZIP ST. PETERSBURG FL 33708-3526

TITLE D ☐ DELETE
NAME DIXON, FRANCES L
STREET ADDRESS 2188 B CORRINE CT. SO.
CITY-ST-ZIP ST. PETERSBURG FL 33712-4455

TITLE D ☐ DELETE
NAME BUTTERWORTH, MARIA
STREET ADDRESS 9252 47TH AVE #94
CITY-ST-ZIP ST. PETERSBURG FL 33708-3852

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

TREASURER
LOIS BRADLEY
11300 124 AVE. #94
LARGO, FL 33778
SECOND VICE BDR.
MARY RYAN
34584 GARDENIA DRIVE
PINELLAS PK FL 33781

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, with all other like empowered.

SIGNATURE: *Joan M. Arcand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-99

Date

727-392-5648

Daytime Phone #

CR2E037 (11/98)