


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90016 014 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # N20867</b>  |   |   |  |
| 1. Entity Name<br>JANE A. DELANO, POST #122, INC. AMERICAN<br>LEGION, DEPARTMENT OF FLORIDA   |   |  |  |
| Principal Place of Business<br>% POST 273<br>600 AMERICAN LEGION DRIVE<br>MADEIRA BEACH FL 33708<br>US  |   | Mailing Address<br>AMERICAN LEGION POST 122<br>P.O. BOX 114<br>BAY PINES FL 33744<br>US  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br><br>ARCAND, JOAN M<br>5674 BAY PINES LAKE BLVD<br>ST. PETEREBURG FL 33708  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees        |  |
|   |   | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>AMATO, ANTIONETTE<br>7084 S. SHORE RD<br>S. PASADENA FL 33707 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES. JOAN M. ARCAND<br>5674 Bay Pines Lake Blvd.<br>St Petersburg FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>BRADLEY, LOIS<br>11300 124 AVE #94<br>LARGO FL 33778 <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP AMATO, ANTIONETTE<br>7084 S. Shore Rd<br>S. Pasadena FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GIFFROW, ELDA<br>1200 S. MISSOURI AVE, #13A<br>CLEARWATER FL 33756 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PC<br>ARCAND, JOAN M<br>5674 BAY PINES LAKE BLVD<br>ST. PETERSBURG FL 33708-3526 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D. LOUISE COLEMAN<br>400 BLANCHE LITTLEJOHN TRAIL<br>CLEARWATER, FLA 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GIFFROW, ELDA<br>2131 RIDGE RD., VILLA X136<br>LARGO FL 33778-1613 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D DEAN ROGERS<br>3610 EL PRADO BLVD<br>TAMPA FLA. 33629-3361 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BUTTERWORTH, MARIA<br>9252 47TH AVE NO<br>ST. PETERSBURG FL 33708-3852 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |
| SIGNATURE: <i>Joan M. Arcand</i>  |   | 727.<br>1-22-04 392.5648   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |  |



MOORE CR2E037 (11/03)

4. FEI Number 59-6143664 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required