

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

FILED

00 MAR 24 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22877

1. Corporation Name

AMERICAN LEGION POST #95, INC.

Principal Place of Business

136 E WALL ST
P.O. BOX 357
FROSTPROOF FL 33843
US

Mailing Address

P.O. BOX 357
FROSTPROOF FL 33843
US



2. Principal Place of Business

21 136 E. WALL ST

2a. Mailing Address

26 P.O. Box 357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 357

23 City & State
FROSTPROOF, FLA

28 City & State
FROSTPROOF, FLA

Zip Country

29 33843 30 POLK

3. Date Incorporated or Qualified

10/07/1987

4. FEI Number

59-2360714

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

JAQUES, WILLIAM A.
136 E. WALL ST.
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name

WILLIAM A. JAQUES

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 357

83

136 E. WALL ST

84 City

FROSTPROOF

85 Zip Code

FL 33843

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

WILLIAM A. JAQUES

MAR 10, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BROWN, JOHN
STREET ADDRESS 2000 MCCLILLAN RD
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE D
NAME HASTINGS, KENNETH W.
STREET ADDRESS 590 W. H ST.
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE D
NAME JAQUES, WILLIAM A.
STREET ADDRESS 343 W. B STREET (PO BOX 357)
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE DC
NAME SULLIVAN, GUSSIE JR.
STREET ADDRESS 325 W. WALL ST. (PO BOX 211)
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE D
NAME SHLARB, GLENN
STREET ADDRESS P.O. BOX 54 N/A
CITY-ST-ZIP BABSON PARK FL 33827

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

WILLIAM A. JAQUES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

863-635-3141

Daytime Phone #

00 635-3141

CR2E037 (1/98)

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