

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90328 041 ****61.25

DOCUMENT # N22877

1. Entity Name
AMERICAN LEGION POST #95, INC.



Principal Place of Business

**231 E WALL STREET
FROSTPROOF FL 33843
US**

Mailing Address

**P.O. BOX 357
FROSTPROOF FL 33843
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2360714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN	
STREET ADDRESS	2000 MCCLILLAN RD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAQUES, WILLIAM A.	
STREET ADDRESS	343 W. B STREET (PO BOX 357)	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SULLIVAN, GUSSIE JR.	
STREET ADDRESS	325 W. WALL ST. (PO BOX 211)	
CITY-ST-ZIP	FROSTPROOF FL 33483	
TITLE	C	<input type="checkbox"/> Delete
NAME	MELVIN, TALLEY	
STREET ADDRESS	410 THOMAS AVE	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **REQUIRED**

WILLIAM A. JAQUES 4/22/03 (863) 635-4227

CR2E037 (10/02)