

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

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

06-25-2003 90072 010 ****61.25

DOCUMENT # N24020

1. Entity Name
MAYO POST 105 AMERICAN LEGION, INC.



Principal Place of Business

**PO BOX 178
MAYO FL 32066**

Mailing Address

**PO BOX 178
MAYO FL 32066**

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 **59-6151009**

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

BLACK, CARLTON L

RT. 3 BOX 318

MAYO FL 32066

Name

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

432 SW L.C. Folsom RD.

City

MAYO

FL

Zip Code

32066

8. I, 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 obligations of registered agent.

SIGNATURE

Carlton L. Black

6-23-03

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	BLACK, CARLTON L	
STREET ADDRESS	RR 3 BOX 318	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	SESSIONS, LEWIS B	
STREET ADDRESS	P.O. BOX 246 HB N/A	
CITY-ST-ZIP	MAYO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, WAYMON	
STREET ADDRESS	RT. 2 BOX 2025	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	PC	<input type="checkbox"/> Delete
NAME	HORTON, JOHN P	
STREET ADDRESS	RT. 1 BOX 736	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	432 S.W. L.C. Folsom RD.	
CITY-ST-ZIP	MAYO, FL. 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Carlton L. Black

6-23-03 386-294-2918

CR2E037 (10/02)