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Secretary of State

03-09-1999 90096 005 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28782			
1. Corporation Name LT. COL. JOHN M. GERANT MEMORIAL POST 245, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.			
Principal Place of Business 8915 OLD PINE RD. BOCA RATON FL 33433 US		Mailing Address 8915 OLD PINE RD. BOCA RATON FL 33433 US	
2. Principal Place of Business 21 22700 VISTAWOOD WAY Suite, Apt. #, etc. 22 + City & State 23 BOCA RATON Zip 24 33428		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 10/10/1988		4. FEI Number 59-2621505 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SORSCHER, PHILIP 8915 OLD PINE RD. BOCA RATON FL 33433		10. Name and Address of New Registered Agent 81 Name GERALD BLUMBERG 82 Street Address (P.O. Box Number is Not Acceptable) 22700 VISTAWOOD WAY 83 BOCA RATON 84 City FL 85 Zip Code 33428	
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 Gerald Blumberg GERALD BLUMBERG ADJ 2-24-99 (NOTE: Registered Agent signature required when registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLUMBERG, GERALD 22700 VISTAWOOD WAY BOCA RATON FL	1.1 TITLE COMMANDER NORMAN ENO 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDENBERG, JERRY 21145 WHITE OAK AVE. BOCA RATON FL	2.1 TITLE VIC HERB ARONIN 2.2 NAME COM. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENO, NORMAN 11970 N BRANCH RD BOCA RATON FL 33428	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESTER, EUGENE 8931 SW 18TH ROAD BOCA RATON FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SORSCHER, PHILIP 8915 OLD PINE RD. BOCA RATON FL	5.1 TITLE ADJ GERALD BLUMBERG 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 817, 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADJ **2/24/99**

561 484 7104

CR2E037 (1/98)