

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34046** (5)

1. Corporation Name

AMERICAN LEGION POST 171, ROBERT L. COLEMAN, INC

Principal Place of Business

**1814 NORTH 21ST STREET
FT. PIERCE FL 34950**

Mailing Address

**P.O. BOX 1791
FORT PIERCE FL 34954**



3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

09/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6200409

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES A. WILLIAMS
4007 AVE M
FT. PIERCE FL 34947**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **HINES, FRANK**
STREET ADDRESS **1607 NORTH 15TH STREET**
CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JACKSON, EDWARD L.**
STREET ADDRESS **111 NW LIMA COURT**
CITY-ST-ZIP **FT. PIERCE FL 34983**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MORRIS, RUBIN C.**
STREET ADDRESS **1901 N. 35TH ST.**
CITY-ST-ZIP **FT. PIERCE FL 34947**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ANDERSON, HENRY**
STREET ADDRESS **2302 AVE. "O"**
CITY-ST-ZIP **FT. PIERCE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PLATT, GENERAL S.**
STREET ADDRESS **P.O. BOX 12136**
CITY-ST-ZIP **FT. PIERCE FL 34979-2136**

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

TITLE **D** ☐ DELETE
NAME **ROLLE, RODERICK D.**
STREET ADDRESS **203 N. 27TH STREET**
CITY-ST-ZIP **FT. PIERCE FL 34947**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JAMES A. WILLIAMS *James A. Williams* **2-19-96** **465-1572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)