

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 # **N36081** (0)

1. Corporation Name

CHRIS GADSON POST #204, AMERICAN LEGION, INC.



Principal Place of Business

Mailing Address

**531 SOUTH MARTIN LUTHER KING BLVD.
DAYTONA BEACH FL 32114**

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DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2002450

Applied For

Not Applicable

22

27

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24

25

29

30

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

**THOMPSON, SAMUEL A.
1111 BARBARA DRIVE
DAYTONA BEACH FL 32117**

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | BEVERLY, REGINALD C | |
| STREET ADDRESS | 6213 KLONDIKE DR | |
| CITY-ST-ZIP | PORT ORANGE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOMPSON, SAMUEL A. | |
| STREET ADDRESS | 1111 BARBARA DR. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | EDWARDS, CARNELL | |
| STREET ADDRESS | 340 NORTH CAROLINE ST | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | FC | <input type="checkbox"/> DELETE |
| NAME | NELSON, HILL | |
| STREET ADDRESS | 624 WILLIE DRIVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROOKS, HERMAN | |
| STREET ADDRESS | 535 1/2 OAK STREET | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reginald C Beverly 2/12/96 904-322-0921

CR2E037 (12/95)