


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaus Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41684 (4)
1. Corporation Name
WHITE CITY POST 358, INCORPORATED, THE AMERICAN
LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business Mailing Address
3223 SOUTH US #1 3223 SOUTH US #1
FORT PIERCE FL 34982 FORT PIERCE FL 34982

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified
01/14/1991

4. FEI Number 65-0226753
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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADDISON, STEVE
6005 CASSIA DR
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name VERA S. BALSAM Trustee
82 Street Address (P.O. Box Number is Not Acceptable)
9403 Brittain Avenue
83
84 City Ft. Pierce FL 85 Zip Code 34982

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 Vera S. Balsam
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	D <input checked="" type="checkbox"/> DELETE
NAME	GILBERT, ALTON L
STREET ADDRESS	303 E. WEATHERBEE RD.
CITY-ST-ZIP	FT PIERCE FL 34982
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, JOHN
STREET ADDRESS	56 PLEASURE LN
CITY-ST-ZIP	FT PIERCE FL 34982
TITLE	D <input type="checkbox"/> DELETE
NAME	KAY, TED
STREET ADDRESS	1 LAZY HAMMOCK LN
CITY-ST-ZIP	FT PIERCE FL 34982
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TORRES, JOE C.
STREET ADDRESS	3200 S 7TH ST #18
CITY-ST-ZIP	FT PIERCE FL 34982
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FINANCIAL OFFICER
2.3 STREET ADDRESS	ROY J. TURNER
2.4 CITY-ST-ZIP	601 AV. B. #408 FT. PIERCE FL 34950
3.1 TITLE	Committee Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phillip L Oss Sr.
3.3 STREET ADDRESS	6-Lazy Lane
3.4 CITY-ST-ZIP	FT Pierce FL -34982
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000002668580--0
4.3 STREET ADDRESS	-10/20/98--01082--001
4.4 CITY-ST-ZIP	*****61.25 *****61.25
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 checked="" type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phil O. Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 OCT 15 AM 10:23

SECRETARY OF STATE
FLORIDA



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