

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90140 017 ****61.25

DOCUMENT # N41684

1. Entity Name

**WHITE CITY POST 358, INCORPORATED, THE AMERICAN
LEGION, DEPARTMENT OF FLORIDA**

Principal Place of Business

Mailing Address

**3223 SOUTH US #1
FORT PIERCE FL 34982**

**3223 SOUTH US #1
FORT PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0226753

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEPPLE, EDWARD F
257 NIGHTINGALE AVE.
FT. PIERCE FL 34982**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Edward F. Kepple*

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

Edward F. Kepple

(NOTE: Registered Agent signature required when reinstating)

2/06/02

DATE

FEE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GILBERT, ALTON L**
STREET ADDRESS **303 E. WEATHERBEE RD.**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **T** ☒ Delete
NAME **PACHECO, JOSEPH J**
STREET ADDRESS **1116 CLUB DR.**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **T** ☒ Delete
NAME **TORRES, JOE**
STREET ADDRESS **25 SERINDIPITY AVE.**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **D** ☒ Delete
NAME **ADAMS, JAMES**
STREET ADDRESS **5195 MARGARET ANN.**
CITY-ST-ZIP **FORT PIERCE FL 34946**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **JOHN SCOTT**
STREET ADDRESS **5112 SE 4 GRAPE**
CITY-ST-ZIP **FT. PIERCE FL 34954**

TITLE **T** ☒ Change ☐ Addition
NAME **WILLIE CLARK**
STREET ADDRESS **412 B SANDPIPER DR**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **T** ☒ Change ☐ Addition
NAME **MICHAEL L HAENNING**
STREET ADDRESS **5205 PINE TREE**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Edward F. Kepple* *Edward F. Kepple* *2/06/02* *561-595-0656*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/01)