

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/1

01-16-2003 90095 049 ****61.25

DOCUMENT # N41684

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0226753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEPPE, EDWARD F

**357 NIGHTINGALE AVE 5501 PALM DR
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D SCOTT, JOHN**
STREET ADDRESS **5112 SEAGRAPE**
CITY-ST-ZIP **FORT PIERCE FL 34954**

TITLE ☒ Change ☐ Addition
NAME **D. JAMES PIERCE**
STREET ADDRESS **3550 LOT 17 US 1 SOUTH**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE ☐ Delete
NAME **T CLARK, WILLIE**
STREET ADDRESS **412 B SANDPIPER DR**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Change ☐ Addition
NAME **T. CLARK**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T HAENNING, MICHAEL L**
STREET ADDRESS **5202 PINE TREE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☒ Change ☐ Addition
NAME **T JOE TORRES**
STREET ADDRESS **96 PLANTATION BLVD**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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. KEPPE, JR.

1/14/03 595-0656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)