FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44525** **(6)**

1. Corporation Name
MONTVERDE AMERICAN LEGION POST #360, INC.

Principal Place of Business	Mailing Address
P.O. BOX 560115 MONTVERDE FL 34756	P.O. BOX 560115 MONTVERDE FL 34756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/31/1991**
3a. Date of Last Report: **05/11/1994**
4. FEI Number: **59-3081260** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TAYLOR, RAYMOND E
17349 7TH ST
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE: Raymond E Taylor — 4-26-95
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	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, RAYMOND E	12 NAME	
STREET ADDRESS	17349 7TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, ALLEN	22 NAME	
STREET ADDRESS	17526 PALM DR	23 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BATES, CHARLES B	32 NAME	
STREET ADDRESS	17523 TEMPLE ST	33 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MOHR, DONALD J	42 NAME	
STREET ADDRESS	166737 PORTER AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JANE B	52 NAME	
STREET ADDRESS	17349 7TH ST	53 STREET ADDRESS	
CITY ST ZIP	MONTVERDE FL	54 CITY-ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOAN, VERNON L	62 NAME	
STREET ADDRESS	17526 TEMPLE ST	63 STREET ADDRESS	
CITY ST ZIP	MONTVERDE FL	64 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)(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: Raymond E Taylor — Raymond E. Taylor — 4-26-95 — (407) 877-6563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0000271