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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:16

DOCUMENT # N49497 (3)

1. Corporation Name

AMERICAN LEGION POST 332 KENNEDY SPACE CENTER, F LORIDA INC.

Principal Place of Business	Mailing Address
P.O. BOX 21213 KENNEDY SPACE CENTER FL 32899	P.O. BOX 21213 KENNEDY SPACE CENTER FL 32899

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: APPLIED FOR 59-3242340 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

RODERICK, JOAQUIM M
22 EMERALD COURT
SATELLITE BEACH FL 32937

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 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 607.0505, Florida Statutes.

SIGNATURE Joaquim M. Roderick 02/06/95
(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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PATE, WALTER L	1.2 NAME	McCARTHY, RUSSELL W	
STREET ADDRESS	4185 CITRUS BLVD.	1.3 STREET ADDRESS	355 LAROCHE CT	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, JACK	2.2 NAME		
STREET ADDRESS	170 BAHAMA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLY, FRANK J	3.2 NAME		
STREET ADDRESS	432 CORAL LN.	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	VIRATA, MANUEL R	4.2 NAME	VIRATA, MANUEL R	
STREET ADDRESS	1660 N. BANANA RIVER DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RODERICK, JOAQUIM M	5.2 NAME		
STREET ADDRESS	22 EMERALD CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH. FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, GARVIS	6.2 NAME		
STREET ADDRESS	1440 N BELFORD COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	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)(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: Joaquim M. Roderick 02/06/95 407-773-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073014