

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODERICK, JOAQUIM M
22 EMERALD COURT
SATELLITE BEACH FL 32937**

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 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

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 ☐ DELETE
NAME **D MCCARTHY, RUSSELL W.**
STREET ADDRESS **355 LAROCHE CT**
CITY-ST-ZIP **MERRITT ISLAND FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D O'CONNOR, JACK**
STREET ADDRESS **170 BAHAMA DR.**
CITY-ST-ZIP **MERRITT ISLAND FL**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **720 SO. BREVARD AVE, APT. 313**
24 CITY-ST-ZIP **COCOA BEACH, FL, 32931**

TITLE ☐ DELETE
NAME **D WALLY, FRANK J**
STREET ADDRESS **432 CORAL LN.**
CITY-ST-ZIP **COCOA FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D VIRATA, MANUEL R.**
STREET ADDRESS **1660 N. BANANA RIVER DR.**
CITY-ST-ZIP **MERRITT ISLAND FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RODERICK, JOAQUIM M**
STREET ADDRESS **22 EMERALD CT.**
CITY-ST-ZIP **SATELLITE BCH. FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BROWN, GARVIS**
STREET ADDRESS **1440 N BELFORD COURT**
CITY-ST-ZIP **MERRITT ISLAND FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: **JACK O'CONNOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/5/96

Date

407-784-8657

Daytime Phone #

CR2E037 (12/95)