

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90243 032 ****61.25

0081700

DOCUMENT # N49497

1. Entity Name
AMERICAN LEGION POST 332 KENNEDY SPACE CENTER, F

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3242340	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE 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 NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	KORB, FLOYD A 610 JANICE CT MERRITT ISLAND FL 32952
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	FLAVIN, MARY E 125 ROSEWOOD DR COCOA FL 32926
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	TROXEL, JOHN F 1201 KILLARNEY CT ROCKLEDGE FL 32956
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	VIRATA, MANUEL R. 1660 N. BANANA RIVER DR. MERRITT ISLAND FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	RODERICK, JOAQUIM M 22 EMERALD CT. SATELLITE BCH. FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	BROWN, GARVIS 1440 N BELFORD COURT MERRITT ISLAND FL

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: *Mary E Flavin* **REQUIRED** 2-09-01 321-631-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)